

AGREEMENT BETWEEN SAHID GANGALAL NATIONAL HEART CENTRE AND EVEREST BANK LIMITED FOR MEDICAL SUPPORT TO ECONOMICALLY DISADVANTAGED CHILDREN WITH HEART DISEASES

This Agreement ("Heart Care Fund Implementation under the activity of Everest Bank's Corporate Social Responsibility ") is made and entered into on July 9, 2026 by and between:

1. Sahid Gangalal National Heart Centre, a healthcare institution having its own principal office at Bansbari, ward no. 3, Kathmandu, herein after referred as "the Hospital"; and
2. Everest Bank Limited, a banking institution having its principal place of business at Lazimpat, Kathmandu MC-3, herein after referred to as "the Bank".

Collectively referred to as the "Parties" and individually as a "Party."

The beneficiaries of this funding program must be "children with heart diseases from poor, disadvantaged and marginalized communities", hereinafter referred to as "patients".

The Bank operates a Corporate Social Responsibility (CSR) program and wishes to support patients from poor, disadvantaged and marginalized communities. The Hospital provides medical care and agrees to deliver specified healthcare services to eligible patients with financial support from the Bank's CSR fund. The Parties desire to set out the terms and conditions under which the Bank will fund medical treatment for eligible patients at the Hospital.

1. **Purpose:** The purpose of this Agreement is to define the roles, responsibilities, funding, and procedures under which the Bank will provide financial support for the medical treatment of patients from poor, disadvantaged and marginalized communities.

2. Scope of Services

2.1 Covered Services: The hospital will provide free medical treatment service to the patients from poor, disadvantaged and marginalized communities admitted in the Hospital provided with eligible documents to support under this program. The treatment support will include all medical/surgical procedures, surgeries, bed charges, doctor consultations, medicines, laboratory and radiological investigations and other necessary medical services.

2.2 Exclusions: Services outside the Hospital's capacity or specialties and patients other than heart.

3. Patient Eligibility and Referral

3.1 Patients must belong from poor, disadvantaged and marginalized groups, which shall be verified based on official recommendation letter regarding Poverty Verification



issued by the respective local government body of the patient's permanent address. The Hospital shall also verify the documents and recommend for utilization of the budget for the particular patient in hospital's letter head along with signature from authorized signatory and the hospital's stamp addressing the bank.

3.2 The hospital shall issue a form where the parents of the proposed beneficiary shall fill the details by themselves, self-declaring they are in need of support of funds for treatment.

3.3 If in case the proposed beneficiary fails to collect the recommendation letter from the respective local government body as specified in 3.1, such requests shall not be entertained or honored by the bank.

3.4 The required documents mentioned above shall be duly certified by the hospital along with original PAN/VAT bills.

4 Term and Termination

4.1 This Agreement commences on July 9, 2026 and continues till July 8, 2027 or until the full utilization of fund as mentioned to be provided or earlier terminated as provided herein, whichever is earlier.

4.2 The total budget of the project is capped at Rs. 50.00 Lacs contingent upon the submission of all required reports, documentation, valid invoices and as per the terms and conditions of this agreement. Funding is allocated at a maximum rate of Rs. 1.50 Lacs per patient. In order to cover more economically derived patients, the hospital shall be prohibited from claiming any additional or supplemental amount for a patient once this limit has been reached. Also, duplicated billing for the same patient shall not be entertained or honored by the bank.

4.3 The bank shall reimburse the requested funds to the hospital within 1 week from the claim date, subject to receipt of complete treatment reports, supporting documents and original PAN/ VAT bills.

4.4 No variation, modification or amendment of this agreement shall be valid or binding unless it is made in writing and executed by both of the parties.

4.5 The bank assumes no liability for any duplicated or discrepancy charges or invoices generated under a single patient record. The hospital shall remain exclusively liable for the settlement or rectification of such duplicated claims.

4.6 This agreement constitutes the entire understanding between the parties regarding its subject matter.

4.7 Any disputes regarding the agreement shall be settled under the prevailing laws of Nepal.



A handwritten signature in black ink, consisting of a stylized, cursive script.

For the Hospital:

Name: Dr. Rabindra Bhakta Timila

Designation: Executive Director

Date: July 9, 2026

Signature:



Witness:

Name: Dr. Shilpa Aryal

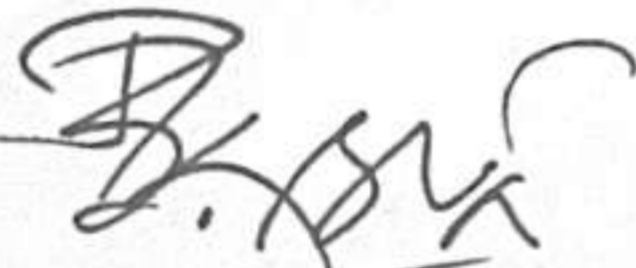
Signature:



Focal Person:

For the Hospital:

Name: Manoj Bista



Designation: Finance Head

Phone no: 9851042722


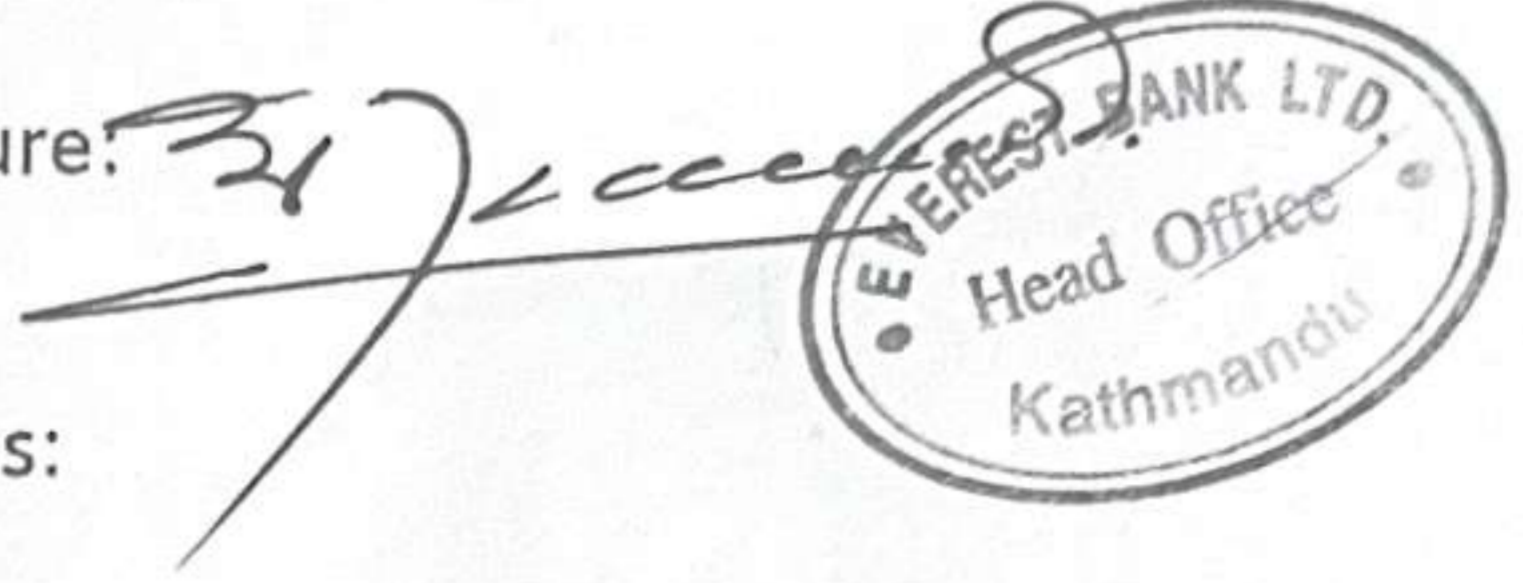
For the Bank:

Name: Bishnu Prasad Gyawali

Designation: Assistant General Manager

Date: July 9, 2026

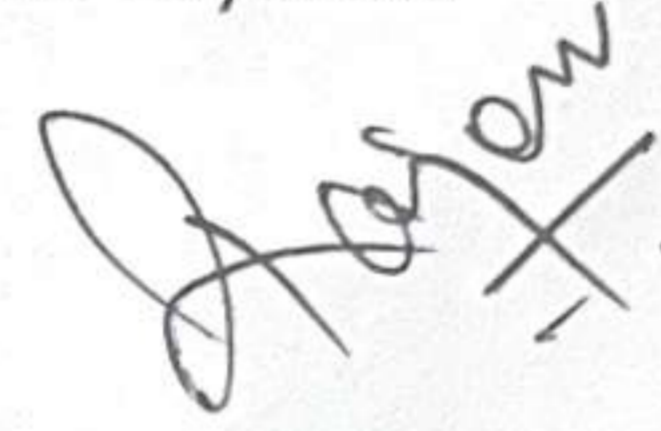
Signature:



Witness:

Name: Rajan Kayastha

Signature:



For the Bank:

Name: Anju Poudel

Designation: Deputy Manager

Phone no: 9851084873