

INTAS PHARMACEUTICALS LIMITED

Corporate House, Near Sola Bridge, S.G. Highway, Thaltej, Ahmedabad - 380054, Gujarat, INDIA.
Ph. No. : 079-61577000 Website : <http://www.intaspharma.com> CIN - U24231GJ1985PLC007866

2120307/PRT/2024

Date: 08/07/2024

To,
Mr. Ankush Tanwar
WZ-136
NARAINA VILLAGE
NEAR TIKONA PARK
NEW DELHI - 110028
National Capital Territory

Subject: Resignation Acceptance Letter

Dear Mr. Ankush

This refers to your communication regarding resignation from services of the organization.

We hereby inform that your resignation has been accepted with effect from closing hours of 02/07/2024.

You are advised to handover all company's properties / belongings along with the details / list and submit "No Objection Certificate"(NOC) from your stockiest & CFA to Mr. Anand Kumar Singh . - SR. ABM - DELHI 2/4, or as directed by him. Also submit pending expense statement, if any along with the enclosed "settlement format". On confirmation / receipt of the same duly approved by your superior, we shall initiate for settlement of your dues.

Once the F&F process is completed, we shall transfer your dues payable if any, directly to your bank account. Hence please send copy of one cancelled cheque along with above mentioned documents.

In case we do not receive the above within one month from the date of your separation from services, the company may settle your account based on the available records, and in that case you shall be bound by the settlement so done. The company shall not entertain any pending claim received from you thereafter. (A separate relieving letter shall be issued to you on compliance to the above.)

With best wishes,
For Intas Pharmaceuticals Ltd.

Mangesh Madhukar Ghatage
Sr. General Manager - Human Resource

COMPANY PROPERTY SUBMISSION LETTER

The below format is to be submitted by resigned employee to his/her immediate senior, get the signature and forward to HR Department along with all necessary documents for Full & Final Settlement.

FOLLOWING INFORMATION TO BE FILLED BY RESIGNED EMPLOYEE

Division : Vector Date : 14/07/2024
 Name : Ankush Tanwar Designation : T. DE
 H.Q. : Delhi Emp_Code : 2120307
 Resignation w.e.f. : 01/07/2024
 Correspondence Address :
W2 136 Naraina Village Delhi
 PIN CODE: 110028
 Mobile No. 9654030782 Alternate No. _____
 Email Id. ankush.tanwar85@gmail.com

DETAILS OF COMPANY PROPERTY SUBMISSION

Below details to be submitted by resigned employee and to be confirmed by the Immediate Manager / Available Manager of Division

PARTICULARS	Resigned Employee Feedback Column (YES or No)	MANAGER FEEDBACK COLUMN (Tick Mark the appropriate option)	
		Received by Manager	Not Received
Working Bag	Y	✓	
Promotional Inputs (Samples / Literature / Promotional Items / Literature, etc. – Attach separate sheet for details & quantity submitted)	Y	✓	
Visiting Cards & ID Card (if issued)	Y	✓	
Stationary	Y	✓	
Visual Aid	Y	✓	
NOC from Stockiest / Distributors / etc. as applicable	Y	✓	
iPad	X	X	
Internet Dongle	X	X	
Other Details (if any)	X	X	

Signature of Resigned Employee: [Signature] Date: 14/07/24
 Name of property recipient: ABM / RBM / ZBM / SM : Anand Kumar Singh
 Signature of property recipient: [Signature] Emp_Code: 241143

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INTAS PHARMACEUTICALS LIMITED

EXIT INTERVIEW FORM

(CONFIDENTIAL)

Emp. Code No : 2120307 Name : Anand Tanwar Desg : T. B.E
Head Quarter : Delhi Division: West D.O.J : 11/03/24
Date of Leaving 01/07/24 Reporting Executive / Manager : Mr Anand Kumar Singh

1. What were your expectations at the time of joining Intas?

2. What are the main reasons for leaving Intas? Please Tick (✓)

- Better remuneration
- Better service condition
- Better position
- Better working environment
- Better company name
- Dissatisfaction with the job content
- Dissatisfaction with the growth of the Territory / Area / Region
- Low performance of the Territory / Pool / Area / Region
- For not getting appropriate & timely inputs from the company / supervisors
- Interpersonal relation problems with (Give details)
 - (i) Executive / Managers
 - (ii) Peers
 - (iii) Subordinates
 - (iv) Dealer/Dealers
 - (v) Customers

Any other - (specify with the details)

for Education.

3. Whether any assistance was sought for the problem & whether it was provided or not, give details

Contd. on page No 2

4. Was your emolument package comparable in the Pharma market was good / at par / below par.

- (a) Salary
- (b) Allowances
- (c) Incentives

5. Please rate the following in the below mentioned manner.

(Rating : 1 - Poor, 2 - Satisfactory, 3 - Good, 4 - Very Good, 5 - Excellent)

(a) Assistance from Executive / Manager	5	4	3	2	1
(b) Availability of the products in the market	5	4	3	2	1
(c) Acceptance of the product in the market	5	4	3	2	1
(d) Rate your overall satisfaction level with your work life in INTAS	5	4	3	2	1
6 Evaluate the overall work environment at Intas	5	4	3	2	1
7 Please make your assessment of the following as applicable					
(a) Colleagues	5	4	3	2	1
(b) Immediate Superior	5	4	3	2	1
(c) Subordinates	5	4	3	2	1
(d) Head Office	5	4	3	2	1

8. (a) What are the strengths of your Division in your opinion?

Very Good

(b) What are the weaknesses of your Division in your opinion ?

N/A

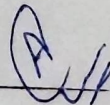
9. Any suggestions related to improvement in you Division.

No.

10. Any other information which you would like to give.

Date - 14/07/24

Signature:



APPLICATION FOR SETTLEMENT OF FULL AND FINAL ACCOUNT

To
 Sr. GM - HRD (Field)
 Intas Pharmaceuticals Ltd
 Ahmedabad

Dear Sir

I am submitting the following information for settlement of my full and final account after separation from company.

Emp. Code:- 2120307 Design. TBE Name :- Ankush Tanwar
 H.Q. :- Delhi Division :- Vat DOJ :- 11/8/24 DOL :- 1/07/24
 Company's Property handed over to :- Mr Anand Kumar Goh Date :- 14/07/24
 Last Salary received for the month of - June/24 Basic : _____ CLA : _____
 Salary due for the month of - No
 Last expense bill received for the month of - 30th May
 Expense bill pending for the month of - June
 Expense bill submitted for the month of June
 Expense statement submitted through FFR [] / Manual [] (Kindly tick (/) which ever is applicable)

Company Handset details

Submissions by Separated Employee

I am enclosing the following papers / documents for settlement of my full and final account as per resignation acceptance letter reference No 2120307/PRT/2024 dated 06/7/24 Please Tick

1. Proof of submission of the Company property duly counter signed by my Executive / Manager. []
 2. Unpaid expense bills duly approved by Executive / Manager for the month of - []
 3. No Objection Certificate (NOC) from all the parties in Jurisdiction :- []
 4. Duly completed Exit Interview Form []
 5. Communication Address and Contact No. after separation []

W2 136 Maxxara Village Delhi 110028

Date:- 14/07/2024 Signature of Applicant _____

Endorsement by Executive / Manager :-

It is certified that Mr. / Ms Ankush Tanwar has submitted all the documents as per 1,2,3,4 & 5 and there is no outstanding against him. Expense bills received and approved for the month of _____ hence Full and Final Settlement of Account is recommended / not recommended
 If not recommended give reason :- June Expenses is Pending.

Date :- 14/07/24 Signature of Executive / Manager _____
 Emp. Code of Exe / Mgr 241143 Name Anand Kumar Head Quarter Delhi

Note :- 1. Kindly note that to expedite the settlement of full and final account after separation from the company it is mandatory for ex- employee to send this format to Head Office Ahmedabad duly complete in all respect through his respective Executive / Manager.
 2. Unpaid expense bills for the period FFR submitted & all the NOC s are to be submitted along with this format
 3. Kindly complete all the columns and furnish (Duly completed in all respect and duly signed by reporting Executive / Manager) all the information.
 4. Submit all the papers along with this format at the earliest after of seperation
 5. Signature of reporting Executive / Manager is mandatory on all submissions.
 6. You can furnish more information on reverse of this format if you wish so.

2/20/07

Ankur Kumar

TSE

MONTHLY TRAVELLING EXPENSES STATEMENT

SAP Code _____ Emp Code _____ Name _____ Designation _____ H.Q. _____

Delhi MONTH: June 2024

1	2	3	4		5	6		7			10	11	12	13				
			From	To		Total Distance Covered	Total Fare	HQ	Ex.HQ	Out-Station					Postage	Courier		
	1		14	Delhi	Delhi	Bike	0	0	320					320				
	2			off														
	3			Meeting											Sunday Meeting			
	4		12	Delhi	Delhi	Bike	0	0	320					320				
	5		19	Delhi	Delhi	Bike	0	0	320					320				
	6			Leave											C.L.			
	7		15	Delhi	Delhi	Bike	0	0	320					320				
	8		13	Delhi	Delhi	Bike	0	0	320					320				
	9			off											Sunday			
	10		15	Delhi	Delhi	Bike	0	0	320					320				
	11		13	Delhi	Delhi	Bike	0	0	320					320				
	12		12	Delhi	Delhi	Bike	0	0	320					320				
	13		12	Delhi	Delhi	Bike	0	0	320					320				
	14		11	Delhi	Delhi	Bike	0	0	320					320				
	15			Leave											C.L.			
	16			off											Sunday			
	17		14	Delhi	Delhi	Bike	0	0	320					320				
	18		13	Delhi	Delhi	Bike	0	0	320					320				
	19		12	Delhi	Delhi	Bike	0	0	320					320				
	20		16	Delhi	Delhi	Bike	0	0	320					320				
	21		12	Delhi	Delhi	Bike	0	0	320					320				
	22		10	Delhi	Delhi	Bike	0	0	320					320				
	24		12	Delhi	Delhi	Bike	0	0	320					320				
	25		11	Delhi	Delhi	Bike	0	0	320					320				
	27		15	Delhi	Delhi	Bike	0	0	320					320				
	28		13	Delhi	Delhi	Bike	0	0	320					320				
	29		11	Delhi	Delhi	Bike	0	0	320					320				
				Parking allowance											400			
				Local conveyance											400			
				Special Metro allowance											250			
				Sunday allowance											75			
TOTAL EXPENSES									0	6720	0	0	0	0	0	1125	6720	7845

* TICKET ENCLOSED

- * If more than one place to be covered on the same day, please mention the places and point to point itinerary to avoid confusion.
- * The distance must be the shortest, available route by Road / Rail.
- * In case the place to be covered as Ex-HQ, only day travel details and billway rate are to be mentioned.

Signature

(Signature)

Date of application transferred to: _____ Approved by: _____ Name of recipient: _____ Date: _____	Total Deductions (Rs.) (if any): 7845 Approved by: Anand Kumar Saha Date: 14/07/24	FOR OFFICE USE ONLY Total Deductions (if any): _____ Net Amount: _____ Checked by: _____	PASSED FOR PAYMENT Date: _____ No. of Bills: _____ Attached: _____ (Signature) _____
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Chief Accountant / Officer in Charge

Mailing Address of the institution