



VINAY R

No. 11 Near Chowdeshwari temple, Ramakrishnappa building
Nelagadaranahalli, Nagasandra post, Bangalore-560073
+917259873418 | vinayr111099@gmail.com

Experience

- Remidex pharma
1.5 years experience in Remidex pharma as a production Executive.
1.4 years experience in sutures (QC department)

Education

- East west institution of Technology
Bsc (Chemistry, Biotechnology)
7.5

Skills

- Maintaining BMR and BPR.
- Maintaining Good documentation, log books.
- Verify the materials receiving from the stores.
- Checking the parameters while process starts.
- S F Preparation
- Sterilization



आधार

भारतीय लक्ष्य ग्राहक

भारत सरकार
Unique Identification Authority of India
Government of India

संख्यांक संमेत एन्ऱलोगिन नं.: 2086/10039/94403

Download Date: 20/03/2017

Generation Date: 27/04/2016

To
विनाय र

Vinay R
S/O: Ramakrishna
32
2nd Cross
Nelagadaranahalli
Bangalore North
Nagasandra
Bangalore Karnataka - 560073
9000873827
Signature valid
Digitized on 27/04/2016
Expiry Date: 26/04/2019



निम्न आधार संबंधी / Your Aadhaar No. :

7686 4719 6487

निम्न आधार, सर्वे ग्राहक

भारत सरकार
Government of India

आधार
Vinay R
मो. 11/10/1999
लिंग: MALE



7686 4719 6487

निम्न आधार, सर्वे ग्राहक

ಹಿನ್ನೆಲೆ

- ಆಧಾರ ಸರ್ವಾಂಗ ವಿವರಗಳಿಂದ: ದಾಖಲಾ ಪ್ರಾರ್ಥಕರಿಗೆ
- ನಿಮ್ಮ ಸರ್ವಾಂಗ ಸಾಮಾನ್ಯವಾಗಿರುತ್ತಾ ಅಥವಾ ಲ್ಯಾನ್ಡ ಮೊಬೈಲ್ ಫೋನ್ ನಲ್ಲಿ
- ಆಧಾರ ಸರ್ವಾಂಗ ವಿವರಗಳಿಂದ: ಆಧಾರ ಸರ್ವಾಂಗ ವಿವರಗಳಿಂದ ದ್ವಾರಾ ನಿರ್ದಿಷ್ಟ

INFORMATION

- Aadhaar is a proof of identity, not of citizenship.
- To establish identity, authenticate online.
- This is electronically generated letter.

- ಆಧಾರ ದೇಶದಾದ್ಯಂತ ಮೂನ್ಯದೆಯನ್ನು ತಡೆದೆಡೆ.
- ಭವಿಷ್ಯದಲ್ಲಿ, ಸರ್ಕಾರಿ ಕಾರ್ಯ ಸಂಸಾರದಲ್ಲಿ ಸೇರಿಗೆನ್ನು ತಡೆಯಲು
- Aadhaar is valid throughout the country.
- Aadhaar will be helpful in availing Government and Non-Government services in future.



ಭಾರತ ಸರ್ವಾಂಗ ವಿವರಗಳಿಂದ ನಿರ್ದಿಷ್ಟ
Unique Identification Authority of India



ದ್ವಾರಾ
ಬಿಂದು / ಸಂಪರ್ಕ ವಿಳಾಸ, ರಾಮಕೃಷ್ಣ, # 32, 2nd ಫ್ಲಾರ್,
ನಲಗದಾರಾನಹಳ್ಳಿ, ಬೆಂಗಳೂರು ಜಿಲ್ಲಾ, ಕರ್ನಾಟಕ,
ಭಾರತ - 560073

Address:
S/O: RamaKrishna, # 32, 2nd Cross,
Nelagadaranahalli, Bangalore North,
Bangalore,
Karnataka - 560073

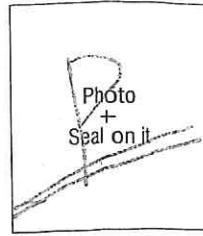
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FACILITIES FOR SB ACCOUNT HOLDERS

- Nomination facility is available in case of individuals. If a person is nominated, it would be easier to settle the account in favour of the nominee in case of unforeseen event i.e. death of the account holder. Otherwise all the legal heirs will have to submit claim application and settlement of account in such case will be as per legal procedure.
- For the delay in the collection of Local/Outstation Cheques, beyond the specified number of working days (07/10/14 working days) interest will be paid as per Cheque Collection Policy/ Compensation Policy of the Bank.
- On request, immediate credit, upto an aggregate limit of ₹ 15,000/- is given in respect of all outstation / Local negotiable instruments drawn in your favour, on collecting cheque purchase charges, subject to certain terms and conditions specified in the Cheque Collection Policy.
- Insurance Cover available under Insurance Linked Saving Bank Account Scheme (IL SB).
- All Bank deposits are covered under the insurance scheme offered by DICGC up to a maximum of ₹ 5,00,000/- (Rs. Five Lakh Only) per depositor.
- KBL Suraksha - Personal Accident Insurance Coverage at a nominal annual Premium of ₹ 125.00 for ₹ 10,00,000 (Sum Insured) and ₹ 62.00 for ₹ 5,00,000 (Sum Insured). *(GST applicable)



DEBIT
CARD **

INTERNET
BANKING

MOBILE
BANKING

MOBILE
APPS

SMS
ALERT

* Conditions apply ** Free first year annual charges

 Karnataka Bank Ltd.

HMT LAYOUT NAGASANDRA
BRANCH EMAIL ID : blr.hmtlayout@ktkbkbank.com
SAVINGS BANK A/C No.: 9992505000320601
CKYC No. : 0
NAME AND ADDRESS OF THE ACCOUNT HOLDER/S:

1. MR VINAY R
NO 32 2ND CROSS NELAGADARANAHALLI

BAN GALORE 560073 INDIA

Customer-id: 1)R01734437

Operational Instructions: SELF

Nomination Registration No: 2122SBA000

IFSC Code: KARB0000968 MICR CODE: 560052102

P. BRANCH MANAGER

Branch Name & Address
Business Hours, Weekly Holidays, Telephone Nos.

KARNATAKA BANK LTD.
U. No. 513, 2nd Main, HMT Layout,
Nagasandra, Bangalore-560 073.

Phone: 28377988

BUSINESS HOURS

Week Days: 10 AM to 2.30PM to 4PM

Every 2nd & 4th Saturday No:

Weekly Holiday Sunday



आयकर विभाग
INCOME TAX DEPARTMENT



स्थायी लेखा संख्या कार्ड
Permanent Account Number Card

FMYPR2097P

नाम / Name

VINAY R

पिता का नाम / Father's Name

RAMAKRISHNA

जन्म की तारीख /

Date of Birth

11/10/1999

संग्राहक / Signature

भारत सरकार
GOVT. OF INDIA



इस कार्ड के खोने / पाने पर कृपया सचित करें / लौटाएं:
आयकर पैन सेवा इकाई, एन एस डी एल
चौपाटी भविल, चौपाटी स्ट्रिलिंग,
प्लॉट नं. 341, सर्वे नं. 997 / 8,
मोडल कोलनी, दीप बंगला चौक के पास,
पुणे - 411 016

If this card is lost / Someone's lost card is found,
please inform / return to:

Income Tax PAN Services Unit, NSDL
4th Floor, Mantri Sterling,
Plot No. 341, Survey No. 997/8,
Model Colony, Near Deep Bungalow Chowk,
Pune - 411 016.
Tel no: 91-20-27218080, Fax: 91-20-27218081
e-mail: tininfo@nsdl.co.in

Please Note : This is a photo copy and not the original

(FORM 2 REVISED)

NOMINATION AND DECLARATION FORM FOR UNEXEMPTED/EXEMPTED ESTABLISHMENTS

Declaration and Nomination Form under the Employees Provident Funds and Employees Pension Schemes

(Paragraph 33 and 61 (1) of the Employees Provident Fund Scheme 1952 and Paragraph 18 of the Employees Pension Scheme 1995)

1. Name (IN BLOCK LETTERS) : VINAY.R Ramakrishna.E
 Name Father's / Husband's Name Surname

2. Date of Birth : 11/10/1999 3. Account No. 101804845607

4. *Sex : MALE/FEMALE: MALE 5. Marital Status Unmarried

6. Address Permanent / Temporary : Near chowdeshwari Temple Nekedanahalli
Nagarurina post Bangalore-75

PART - A (EPF)

I hereby nominate the person(s)/cancel the nomination made by me previously and nominate the person(s) mentioned below to receive the amount standing to my credit in the Employees Provident Fund, in the event of my death.

Name of the Nominee (s)	Address	Nominee's relationship with the member	Date of Birth	Total amount or share of accumulations in Provident Funds to be paid to each nominee	If the nominee is minor name and address of the guardian who may receive the amount during the minority of the nominee
1	2	3	4	5	6
<u>Ramakrishna</u>	<u>N.C.Halli</u>	<u>Father</u>	<u>21/06/1965</u>	<u>100/-</u>	<u>-</u>
<u>Shanthamme</u>	<u>N.C.Halli</u>	<u>Mother</u>	<u>19/01/1971</u>	<u>100/-</u>	

1. *Certified that I have no family as defined in para 2 (g) of the Employees Provident Fund Scheme 1952 and should I acquire a family hereafter the above nomination should be deemed as cancelled.

2. * Certified that my father/mother is/are dependent upon me.

Strike out whichever is not applicable

Signature/or thumb impression
of the subscriber

PART - (EPS)

Para 18

I hereby furnish below particulars of the members of my family who would be eligible to receive Widow/Children Pension in the event of my premature death in service.

Sr. No	Name & Address of the Family Member	Age	Relationship with the member
(1)	(2)	(3)	(4)
1.	<u>Ramakrishna.E N.C.Halli</u>	<u>60</u>	<u>Father</u>
2.	<u>Shanthamme.S N.C.Halli</u>	<u>51</u>	<u>Mother</u>

Certified that I have no family as defined in para 2 (vii) of the Employees's Family Pension Scheme 1995 and should I acquire a family hereafter I shall furnish Particulars there on in the above form.

I hereby nominate the following person for receiving the monthly widow pension (admissible under para 16 2 (a) (i) & (ii) in the event of my death without leaving any eligible family member for receiving pension.

Name and Address of the nominee	Date of Birth	Relationship with member
Ramakrishna - F Smt. Anitha - S Near Chowdeshwari Temple Nekkalururkallu Nagaranda Post Bangalore - 73	12/1965 5/6/1974	Father Mother

Date 11/7/2025



Signature or thumb impression
of the subscriber

CERTIFICATE BY EMPLOYER

Certified that the above declaration and nomination has been signed / thumb impressed before me by Shri / Smt./
Miss _____ employed in my establishment after he/she has
read the entries / the entries have been read over to him/her by me and got confirmed by him/her.

Date : _____

Signature of the employer or other authorised officer of
the establishment

Name & address of the Factory /Establishment

Place :

Date :

EMPLOYEES' PROVIDENT FUND ORGANISATION

Employees' Provident Funds Scheme, 1952 (Paragraph 34 & 57) &

Employees' Pension Scheme, 1995 (Paragraph 24)

(Declaration by a person taking up employment in any establishment on which EPF Scheme, 1952 and /or EPS, 1995 is applicable)

1.	Name of the member	<i>Viray R</i>
2.	Father's Name <input checked="" type="checkbox"/> Spouse's Name <input type="checkbox"/> (Please tick whichever is applicable)	<i>Ramakrishna E</i>
3.	Date of Birth: (DD / MM / YYYY)	<i>11/10/1999</i>
4.	Gender: (Male/Female/Transgender)	<i>Male</i>
5.	Marital Status: (Married/Unmarried/Widow/Widower/Divorcee)	<i>Unmarried</i>
6.	(a) Email ID: (b) Mobile No.:	<i>Virayr11099@gmail.com 7259873418</i>
7.	Whether earlier a member of Employees' Provident Fund Scheme, 1952	<i>Yes / No</i>
8.	Whether earlier a member of Employees' Pension Scheme, 1995	<i>Yes / No</i>
Previous employment details: [if Yes to 7 AND/OR 8 above]		
9.	a) Universal Account Number:	<i>101804845607</i>
	b) Previous PF Account Number:	<i>4111202</i>
	c) Date of exit from previous employment: (DD/MM/YYYY)	<i>11/11/2025</i>
	d) Scheme Certificate No. (if issued)	
	e) Pension Payment Order (PPO) No. (if issued)	
10.	a) International Worker:	<i>Yes / No</i>
	b) If yes, state country of origin (India/Name of other country)	<i>INDIA</i>
	c) Passport No.	<i>—</i>
	d) Validity of passport [(DD/MM/YYYY) to (DD/MM/YYYY)]	<i>—</i>
KYC Details: (attach self attested copies of following KYCs)		
11.	a) Bank Account No. & IFS Code	<i>9992505000320601 KAR0000968</i>
	b) AADHAR Number	<i>768647196487</i>
	c) Permanent Account Number (PAN), if available	<i>FMMPQ2094P</i>

UNDERTAKING

- 1) Certified that the particulars are true to the best of my knowledge.
- 2) I authorize EPFO to use my Aadhar for verification/authentication/eKYC purpose for service delivery.
- 3) Kindly transfer the funds and service details, if applicable, from the previous PF account as declared above to the present P.F. Account. (The transfer would be possible only if the identified KYC detail approved by previous employer has been verified by present employer using his Digital Signature Certificate)
- 4) In case of changes in above details, the same will be intimated to employer at the earliest.

Date: *11/10/2025*
Place: *Bangalore*

Viray R
Signature of Member

DECLARATION BY PRESENT EMPLOYER

A. The member Mr./Ms./Mrs. *Viray R* has joined on *11/10/2025* and has been allotted PF Number *101804845607*

B. In case the person was earlier not a member of EPF Scheme, 1952 and EPS, 1995:

- **(Post allotment of UAN)** The UAN allotted for the member is
- **Please Tick the Appropriate Option:**
The KYC details of the above member in the JAN database
 - Have not been uploaded
 - Have been uploaded but not approved
 - Have been uploaded and approved with DSC

C. In case the person was earlier a member of EPF Scheme, 1952 and EPS, 1995:

- The above PF Account number/UAN of the member as mentioned in (A) above has been tagged with his/her UAN/Previous Member ID as declared by member.
- **Please Tick the Appropriate Option:-**
 - The KYC details of the above member in the UAN database have been approved with Digital Signature Certificate and transfer request has been generated on portal.
 - As the DSC of establishment are not registered with EPFO, the member has been informed to file physical claim (Form-13) for transfer of funds from his previous establishment.

Date:

Signature of Employer with Seal of Establishment

HEALTHIUM MEDTECH LTD

NOMINATION OF A BENEFICIARY FOR ALL DUES TO EMPLOYEE

To,

Healthium Medtech Ltd.

I, Vinay R, an employee of Healthium Medtech Ltd.

Hereby nominate Ramakrishna E whose details are given below as the sole person to whom all due accrued to me against Salary/ Bonus/ Ex gratia / Travel/ any other payments, shall be payable by the Company in the event of my death while in the service of the Company.

1. Name of Nominee	:	<u>Ramakrishna E</u>
2. Address of Nominee	:	<u>Nelegadaranahalli, Bangalore</u>
3. Relationship with me	:	<u>Father</u>

If the age of the nominee on the date when the form is completed is less than 21 years, the following must also be completed.

1. Name of his/her Guardian	:	_____
2. Address of Guardian	:	_____
3. Relationship with Nominee	:	_____
4. Guardian's Signature	:	_____

Vinay
(Signature of Employee)

Date: 7/7/2025

NOTE: 1. Please intimate HR Dept. in case of change in beneficiary.

6. Marital Status *Unmarried* (Whether married, widower or widower).

7. Date of Birth *11/10/1999*

8. Permanent Address *Near chowdiah temple*

Ramakrishnapa building Nekgodaanhali Bangalore -7

Singed at this day of 2

01

Varun
Signature of Member (Employee)

TWO WITNESSES TO THE SIGNATURE

Name

Address

Signature

1.

2.

Certified that the above appointment of Nominee has been signed by Shri/Shrimati *Varun R*

..... before me after he/she has read the entries/the entries have been read to him/her by me AND that the said appointment of Nominee is recorded under the Scheme on

Signature of Trustee/s
FOR SELF AND CO-TRUSTEES OF

Please

Date

Group Gratuity Scheme

NOTE:

1. Where an Employee/Member has a family at the time of appointing a Nominee, the Nomination should be made in favor of members of his family only. Any Nomination made by such employee in favor of any other person not belonging to his family shall be invalid.
2. An appointment of Nominee made by the member may be changed at any time after giving a written notice to the Trustees of his intention to do so. If the Nominee predeceases the Member (Employee), the interest of the Nominee shall revert to the Member (Employee) or his estate.
3. The appointment of the Nominee or any change thereof made from time to time shall take effect to the extent it is valid on the date on which it is received by the Trustees.
4. For the purpose of the Scheme, Family means Member's (Employee's) spouse, legitimate children/step children, sisters and minor brothers dependents upon him.

APPENDIX

The Trustees

.....
.....
.....

Dear Sirs,

I am Viray.R a Member of the HMP the Group Gratuity Scheme hereby agree to abide by the Rules of the said Scheme and do also hereby appoint in terms of Rule 18 of the Rules, the Nominee/s mentioned hereunder to receive the benefits, payable under the Scheme, in the event of my death before that amount becomes payable and having become payable has not been paid.

I hereby direct that the benefits under the Scheme, payable in respect of me shall be paid to the said Nominee/s in proportion indicated against their respective names as given below:

Sl.No	Name in full with full Address of Nominee/s (Employee)	Relationship with the Member	Age of Nominee/s	Portion by which gratuity will be shared by each Nominee
1.	<u>Ramakrishna E</u>	<u>Father</u>	<u>60</u>	<u>-</u>
2 -	<u>Shanthamma -8</u>	<u>Mother</u>	<u>51</u>	<u>-</u>

I hereby certify that the person(s) mentioned herein above is/are y/wife/children/lawfully adopted child/dependent parents/husband.

I hereby declare that I have no family and should I acquire family hereafter the appointment of Nominee made hereunder should be deemed as cancelled.

My father/mother/parents/sister(s)/minor brother(s) is /are not dependent on me.

My husband's father/mother/parents/is/are not dependent on me.

I also declare that this appointment of Nominee/s made herein shall have the effect of my revoking the appointment of Nominee/s made by me earlier.

I GIVE BELOW THE PARTICULARS ABOUT MYSELF:

1. Full Name..... Viray.R
2. Sex Male 3. Religion INDIAN
4. Father's Name Ramakrishna-E
5. Husband's Name ✓
(For married women only)

Self-Declaration form

Date: - 7/7/2025

1) Are any of your family members or relatives working in Healthium Group of Companies?

Yes

No

If Yes, please mention Name and Department: _____

I _____ S/o, D/o, W/o _____, Age _____, Resident of _____, Aadhar card no. _____, do hereby solemnly state that none of my family members or relatives is working in Healthium Group of Companies.

2) Are there any criminal proceedings or FIR against you?

Yes

No

If Yes, please mention details - _____

3) Do you have any person in your family or first line of relative who is involved with the sales or any kind of business with Healthium or to Healthium.

Yes

No

If Yes, please mention details - _____

4) Are any of your family members into similar or related business?

Yes

No

If Yes, please mention details - _____

These information is only for our records and will not be shared to anyone outside of Healthium.

I hereby confirm and declare that I have furnished my Know Your Customer (KYC) details, inclusive of my Permanent Account Number (PAN) and Aadhaar, to the company for statutory registration purposes and other HR-related requirements. I grant my explicit consent for the Company to share this information solely for statutory purposes. I affirm that I possess the right and obligation to update the provided documents in the event of any changes and to request the replacement of data. I further acknowledge that the information provided above is accurate and complete to the best of my knowledge and belief.

Place: Bangalore

Date: 7/7/2025

Signature: 

EMPLOYEE CONFIDENTIALITY AND NON-COMPETE AGREEMENT

This EMPLOYEE CONFIDENTIALITY AND NON-COMPETE AGREEMENT IS EXECUTED AT BANGALORE
ON THIS THE 31st Jan DAY BY & BETWEEN

(1) **M/s. HEALTHIUM MEDTECH Limited**, a Company incorporated in India under the provisions of the Companies Act, 1956 and having its registered office is at 472-D, 13th Cross, IV Phase, Peenya Industrial Area, Bangalore – 560 058, hereinafter referred to as the **Company** duly represented by its **Authorized Signatory and Chief Financial Officer Mr. Sudeep Dhariwal** (which expression shall, unless it be repugnant to the context or meaning thereof, be deemed to mean and include its successors and permitted assigns) of the

FIRST PART;

AND

Mr./Ms. Vitczy R is an individual residing at
Near choudeshwari Temple, Ramakrishnappa
building, NeLegadganeshalli Nagarandra post Bangalore-73

hereinafter referred to as the **Employee** of the **SECOND PART**.

WHEREAS:

- A. The Company and the Employee desire to enter into an agreement, embodying certain terms pertaining to Non-Competition: Confidentiality: Non-Solicitation and Ownership of Developments in relation to the employment of the Employee with the Company;
- B. The Company and the Employee agree that the Employee will have a prominent role in the management of the business, and the development of goodwill of the Company and its affiliates, and will establish and develop relations and contacts with the principal customers and suppliers of the Company and its affiliates, in India and the rest of the world, all of which constitute valuable goodwill of, and could be used by the Employee to compete fairly with, the Company and its affiliates;
- C. The covenants and restrictions contained in Section 5 (*Non-competition, Confidentiality; Non-Solicitation and Ownership of Developments.*) are intended to protect the legitimate interests of the Company and its affiliates in their respective goodwill, trade secrets and other confidential and proprietary information; and the Employee desires to be bound by such covenants and restrictions;

Healthium Medtech Limited

Corporate Office: Healthium Medtech Ltd, 8th Floor, Incubex Workspaces, Brigade Triumph, Dasarahalli Main Road, Sector - B, Hebbal, Bengaluru, Karnataka - 560092, India.

Registered Office: 472/D, 13th Cross, 4th Phase, Peenya Industrial Area, Bengaluru, Karnataka - 560 058, India. | Tel: +91 80 4186 8000 | Email: care@healthiummedtech.com

www.healthiummedtech.com | CIN: U03311KA1992PLC013831



NOW, THEREFORE, in consideration of the mutual covenants herein contained and for other good, valid and valuable consideration, the Company and the Employee hereby agree as, follows:

1. Employment Period

The period during which the Employee is employed shall be referred to as the **Employment Period**.

2. Position and Duties.

2.1. **Titles and Duties.** During the Employment Period, the Employee shall serve as an Officer the Company and in such other position or positions with the Company or any of its affiliates consistent with the foregoing, as the Board of Directors of the Company (the **Board**) may from time to time specify. During the Employment Period, the Employee shall have the duties, responsibilities and obligations customarily assigned to individuals serving in the position or positions in which the Employee serves hereunder and such other duties, responsibilities and obligations consistent with such positions as the Board may from time to time specify. The Employee shall devote all of his full business time to the services required of him hereunder, except for vacation time and reasonable periods of absence due to sickness, personal injury or other disability, and shall use his best efforts, judgment, skill and energy to perform the duties of his employment in a manner consonant with his position and to improve and advance the business and interests of the Company and its affiliates. The Employee represents that compliance by him with the terms and conditions of this Agreement will not conflict with or result in the breach of any other agreement to which he is a party or by which he may be bound.

2.2. For the purposes of this Agreement, the word **affiliate** shall mean, in relation to any person or entity, any entity controlled, directly or indirectly, by that person or entity, any entity that controls, directly or indirectly, that person or entity, or any entity under common control with that person or entity or, in the case of a natural person, any **relative** (as such term is defined in the Companies Act, 1956 (the **Act**)) of such person. For the purpose of this definition:

- (a) **control** means the power to direct the management and policies of an entity whether through the ownership of voting capital, by contract or otherwise, and
- (b) A holding or subsidiary company of any entity shall be deemed to be an affiliate of that entity;

3. Compensation.

3.1. The Employee confirms that the remuneration received by the Employee under the terms of his employment is adequate consideration for the covenants of the Employee hereunder.



Healthium Medtech Limited

Corporate Office: Healthium Medtech Ltd, 8th Floor, Incubex Workspaces, Brigade Triumph, Dasarahalli Main Road, Sector - B, Hebbal, Bengaluru, Karnataka - 560092, India.

Registered Office: 472/D, 13th Cross, 4th Phase, Peenya Industrial Area, Bengaluru, Karnataka - 560 058, India. | Tel: +91 80 4186 8000 | Email: care@healthiummedtech.com

www.healthiummedtech.com | CIN : U03311KA1992PLC013831

4. Definitions

4.1. For purposes of Section 5 below, the following terms shall have the meanings ascribed to them below:

Cause: The termination of the Employee's employment by the Company or by any affiliate of the Company that employs such individual (or by the Company on behalf of any such affiliate) shall be deemed to be for **Cause** if such termination is due to the Employee's (a) refusal or neglect to perform substantially his employment-related duties, (b) personal dishonesty, incompetence, willful misconduct, or breach of fiduciary duty, (c) conviction of or entering a plea of guilty to any criminal offence or his willful violation of any applicable law, rule or regulation (other than a traffic violation or similar offense or violation outside of the course of employment which in no way adversely affects the Company or its reputation or the ability of the Employee to perform his employment-related duties or to represent the Company) or (d) breach of Section 5 hereof, and/ or of any other written covenant entered into with the Company or its affiliates, agreeing not to disclose any information pertaining to the Company or any such affiliate or not to compete or interfere with the Company or such affiliate.

Disability or Disabled: The termination of the employment of the Employee by the Company or any of its affiliates that employs such individual (or by the Company on behalf of any such affiliate) shall be deemed to be by reason of a **Disability** if, as a result of the Employee's incapacity due to reasonably documented physical or mental illness, the Employee shall have been unable for more than six months, within any twelve-month period, to perform his duties with the Company or any affiliate that employs such individual on a full-time basis and within 30 (thirty) days after written notice of termination has been given to the Employee, the Employee shall not have returned to the full time performance of his duties. The date of termination in the case of a termination for **Disability** shall be deemed to be the last day of the aforementioned thirty-day period.

Good Reason: The termination of the Employee's employment with the Company or any of its affiliates that employs the Employee shall be for **Good Reason** if the Employee voluntarily terminates his employment with the Company or any such affiliate as a result of either of the following:

without the Employee's prior written consent, a significant reduction by the Company or any such affiliate of his current salary, other than any such reduction which is part of a general salary reduction or other concessionary arrangement affecting all employees or affecting the group of employees of which the Employee is a member (after receipt by the Company of written notice and a twenty-day cure period); or



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- (a) the taking of any action by the Company or any such affiliate that would substantially diminish the aggregate value of the benefits provided to him under the Company's or such affiliate's accident, disability, life insurance and any other employee benefit plans in which he was participating on the date of the execution of this Agreement, other than any such reduction which is (i) required by law, (ii) implemented in connection with a general concessionary arrangement affecting all employees or affecting the group of employees of which the Employee is a member or (iii) generally applicable to all beneficiaries of such plans (after receipt by the Company of written notice and a twenty-day cure period).
- (b) The Employee being of the opinion that there does not exist an atmosphere conducive for the effective discharge of his duties as an Officer operation and/or employee of the Company.

4.2. **Full Discharge of Company Obligations.** The payment of the amounts payable to the Employee under the terms of his employment and following termination of his employment shall be in full, final and complete satisfaction of the Employee's rights under this Agreement and any other claims that he may have in respect of his employment or termination of employment with the Company or any of its affiliates. Such amounts shall constitute liquidated damages with respect to any and all such rights and claims and, upon the Employee's receipt of such amounts, the Company and its affiliates shall be released and discharged from any and all liability to the Employee in connection with this Agreement or otherwise in connection with the Employee's employment or termination of employment with the Company and its affiliates.

5. **Non-Competition: Confidentiality: Non-Solicitation and Ownership of Developments.**

5.1. The Employee shall during the term of this Agreement and for a period of 24 months (Two) year thereafter shall not solicit or attempt to influence any person employed or engaged by the Company or its affiliate companies (whether as a service provider, advisor or in any other manner) to terminate or otherwise cease such engagement with the Company or become a service provider of or directly or indirectly offer services in any form or manner to any other company, person or entity which is conflicting to the interests of the Company. You agree to indemnify the Company in respect of any loss that may be caused as a result of a breach of this clause. The Employee shall except on behalf of the Company, canvass or solicit business or custom for goods of a similar type to those being manufactured or dealt in or for services similar to those being provided by the Company from any Person who is a customer of the Company. The Employee shall not induce or attempt to induce any supplier of the Company to cease to supply, or to restrict or vary the terms of supply to, the Company or otherwise interfere with the relationship between such a supplier and the Company (save and except actions taken by the Employee during the course of his employment with the Company in exercise of his power and authority as an employee of the Company and in, what he reasonably believes to be, in the interest of the Company).



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5.2. **Confidentiality.** Without the prior written consent of the Board, except to the extent required by applicable law, rule, regulation or court order (in which case, the Employee shall forthwith intimate the Company of the same), the Employee shall not disclose any trade secrets, customer lists, drawings, designs, information regarding product development, marketing plans, sales plans, manufacturing plans, management organization information (including data and other information relating to members of the Board or management), operating policies or manuals, business plans, financial records, any trade name used by the Company or any affiliate of the Company, or any other name calculated or likely to be confused with such a trade name, packaging design or other financial, commercial, business or technical information relating to the Company or any of its affiliates or information designated as confidential or proprietary that the Company or any of its affiliates may receive belonging to suppliers, customers or others who do business with the Company or any of its affiliates (collectively, ***Confidential Information***) to any third person unless such Confidential Information has been previously disclosed to the public by the Company or is in the public domain (other than by reason of the Employee's breach of this Section 5).

5.3. **Company Property.** Promptly following the Employee's termination of employment, the Employee shall return to the Company all property of the Company or any of its affiliates, and all copies thereof (in whatever media) in the Employee's possession or under his control.

5.4. **Non-Solicitation of Employees.** Except during the Employment Period and in connection with the performance of his duties hereunder, during the Employment Period and the Restriction Period, the Employee shall not, directly or indirectly, induce any employee of the Company or any of its affiliates to terminate employment with such entity, and shall not directly or indirectly, either individually or as owner, agent, employee, consultant or otherwise, employ, offer employment to or otherwise interfere with the employment relationship of the Company or any of its affiliates with any person who is or was employed by the Company or such affiliate unless, at the time of such employment, offer or other interference, such person shall have ceased to be employed by such entity for a period of two years (2) provided that, nothing in this Section 5 shall preclude the Employee from placing advertisements during the Restriction Period in periodicals of general circulation soliciting persons for employment or from employing any person who comes to the Employee solely in response to such advertisements.

5.5. **Non-Solicitation of Customers.** Except during the Employment Period and in connection with the performance of his duties hereunder, during the Employment Period and the Restriction Period, the Employee shall not solicit or otherwise attempt to establish for himself or any other Person any business relationship with any Person which is, or during the two year period preceding the date the Employee's employment terminates was, a customer, client or distributor of the Company or any of its affiliates.



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5.6. **Ownership of Developments.** The Employee hereby agrees that the Company shall own all right, title and interest in and to all ideas, programs, systems, processes, discoveries, inventions and information whether or not patentable or copyrightable, which the Employee, either alone or jointly with others, conceives, makes, develops, acquires or reduces to practice, in whole or in part, during the Employment Period which are unique to the Company's business or are used by the Company, or arise out of or in connection with the duties performed by the Employee hereunder (collectively ***Developments***). Subject to the foregoing, the Employee will promptly and fully disclose to the Company, or any Persons designated by it, any and all Developments conceived, made, developed, learned or reduced to practice by the Employee, either alone or jointly with others during the Employment Period. The Employee hereby assigns all right, title and interest in and to any and all of these Developments to the Company. The Employee shall further assist the Company, at the Company's expense, to further evidence, record and perfect such assignments, and to perfect, obtain, maintain, enforce, and defend any rights specified to be so owned or assigned. The Employee hereby irrevocably designates and appoints the Company and its agents as attorneys-in-fact to act for and in the Employee's behalf to execute and file any document and to do all other lawfully permitted acts to further the purposes of the foregoing with the same legal force and effect as if executed by the Employee.

5.7. **Injunctive Relief with Respect to Covenants.** The Employee acknowledges and agrees that the covenants and obligations of the Employee with respect to non-competition, non-solicitation, confidentiality and Company property relate to special, unique and extraordinary matters and that a violation or threatened violation of any of the terms of such covenants or obligations will cause the Company irreparable injury for which adequate remedies are not available at law. Therefore, the Employee agrees that the Company shall be entitled to an injunction, restraining order or such other equitable relief (without the requirement to post bond (if applicable)) restraining the Employee from committing any violation of the covenants or obligations contained in this Section 5. These injunctive remedies are cumulative and are in addition to any other rights and remedies that the Company may have in law or in equity. In connection with the foregoing provisions of this Section 5, the Employee represents that his economic means and circumstances are such that such provisions will not prevent him from providing for himself and his family on a basis satisfactory to him.

5.8. Employee acknowledges and agrees that all Intellectual Property authored, generated, conceived, or reduced to practice by Employee, alone or in conjunction with others, while employed by the Company and for a period of 24 months thereafter, shall be the sole and exclusive property of the Company and are considered "works made for hire", the rights over which vest with the Company as the first owner of copyright, by operation of law in view of absence of agreement to the contrary. To the extent that any Intellectual Property may not be considered a "work made for hire", Employee hereby assigns to the Company such Intellectual Property and all rights therein, except those Intellectual Property, if any, the assignment of which is prohibited by law. Employee further agrees that the time period for effective exercise of the assigned copyrights (two years from the date of assignment) set forth in Section 19(4) of The Indian Copyright Act, 1957, does not apply to the

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assignments of the copyrights contemplated in this clause. Therefore, such assignment of copyrights will be deemed to extend into perpetuity, without a pre-determined lapsing period, unless otherwise agreed separately in writing by Employee and the Company.

6. Miscellaneous.

Amendments. This Agreement may not be amended, modified or supplemented except by a written instrument signed by each of the parties hereto.

- 6.1. Succession and Assignment. The provisions of this Agreement shall be binding upon and inure to the benefit of the parties hereto and their respective heirs, legal representatives, successors and assigns, provided that the Company may not assign this Agreement or any of its rights, interests, or obligations hereunder without the consent of the Employee and provided further the Employee may not assign this Agreement nor his rights, interests, or obligations hereunder.
- 6.2. Survival. Section 5 (*Non-Competition: Confidentiality: Non-Solicitation and Ownership of Developments*) and 6 (*Miscellaneous*) shall survive the termination hereof, whether such termination shall be by expiration of the Employment Period, an early termination or otherwise.
- 6.3. Governing Law and Dispute Resolution. This Agreement and the rights and obligations of the parties hereunder shall be governed by, construed and interpreted in accordance with, the laws of India. Any dispute, controversy or claim arising out of, relating to, or in connection with this Agreement, or the breach, termination or validity hereof, shall be finally settled exclusively by arbitration in India in accordance with the Indian Arbitration and Conciliation Act, 1996. The arbitral panel shall consist of two arbitrator(s) to be appointed in accordance with the provisions of the Indian Arbitration and Conciliation Act, 1996. Any arbitral award shall be final and binding on the parties hereto. The venue of the arbitration shall be Bangalore. The language of the arbitration shall be English.
- 6.4. Invalidity of Provision: Reformation. The invalidity or unenforceability of any provision of this Agreement in any jurisdiction shall not affect the validity or enforceability of the remainder of this Agreement in that jurisdiction or the validity or enforceability of this Agreement, including that provision, in any other jurisdiction. It is expressly understood and agreed that although the Employee and the Company consider the restrictions contained in Sections 5 and 6 to be reasonable, if a final determination is made by an arbitrator, to whom the parties hereto have assigned the matter, that any restriction contained in this Agreement is an unenforceable restriction against the Employee, the provisions of this Agreement shall not be rendered void but shall be reformed to apply as to such maximum time and to such maximum extent as such arbitrator may determine or indicate to be enforceable.

Alternatively, if such arbitrator finds that any restriction contained in this Agreement is unenforceable, and such restriction cannot be reformed so as to make it enforceable, such finding shall not affect the enforceability of any of the other restrictions contained herein.



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6.5. **Waiver.** Waiver by any party hereto of any breach or default by the other party of any of the terms of this Agreement shall not operate as a waiver of any other breach or default, whether similar to or different from the breach or default waived. No waiver of any provision of this Agreement shall be implied from any course of dealing between the parties hereto or from any failure by either party hereto to assert its rights hereunder on any occasion or series of occasions.

6.6. **Notices.** All notices, requests, demands, waivers and other communications required or permitted to be given under this Agreement shall be in writing and shall be deemed to have been duly given if (a) delivered personally, (b) mailed, certified or registered mail with postage prepaid, (c) sent by next-day or overnight mail or delivery or (d) sent by fax, as follows, return receipt requested, and shall be addressed as follows (or to such other address as the party entitled to notice shall hereafter designate in accordance with the terms hereof):

If to the Company:

Address: Healthium Medtech, 472-D, 13 Cross, 4th Phase, Peenya Industrial Area, Bangalore, India- 560 058

Fax: +91-80-41171056

Attention: Head- HR

If to the Employee Address:

Near chowderhossi temple, Ramakrishnappa

building, Nelegadaranalli Nagarankha post Bangalore 73

All such notices, requests, demands, waivers and other communications shall be deemed to have been received (a) if by personal delivery on the day after such delivery, (b) if by certified or registered mail, on the fifth business day after the mailing thereof, (c) if by next-day or overnight mail or delivery, on the day delivered or (d) if by fax, on the next day following the day on which such fax was sent, provided that a copy is also sent by certified or registered mail and shall be effective upon such receipt.

The parties hereto understand that some confidential information may be transmitted over electronic mail and there are risks associated with the use of electronic mail, which can include the risk of interception, breach of confidentiality, alteration, loss or a delay in transmission, and that information sent by this means may be susceptible to forgery or distortion and agree to accept the risks of distribution by electronic mail.



Healthium Medtech Limited

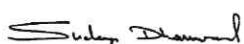
Corporate Office: Healthium Medtech Ltd, 8th Floor, Incubex Workspaces, Brigade Triumph, Dasarahalli Main Road, Sector - B, Hebbal, Bengaluru, Karnataka - 560092, India.

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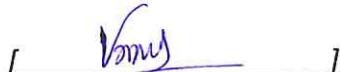
- 6.7. Headings. The headings to Sections in this Agreement are for the convenience of the parties only and shall not control or affect the meaning or construction of any provision hereof.
- 6.8. Counterparts. This Agreement may be executed in any number of counterparts, each of which shall be deemed an original but all of which together shall constitute one and the same instrument.
- 6.9. Entire Agreement. This Agreement constitutes the entire agreement and understanding of the parties hereto with respect to the matters referred to herein. This Agreement supersedes all prior agreements and understandings among the parties with respect to such matters. The Employee acknowledges that he is entering into this Agreement of his own free will and accord without any duress, and that he has been represented and fully advised by competent counsel in entering into this Agreement, that he has read this Agreement and that he understands it and its legal consequences.

AS WITNESS this Agreement has been signed by the duly authorised representatives of the parties the day and year first before written.



SIGNED on behalf of Healthium Medtech Ltd

SIGNED by Employee



Date :- 7/7/2025

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Resignation Acceptance

Inbox



HR Portal 11:57 AM

to me ▾



Hi Vinay Kumar [AMPL1308],

We have accepted your resignation from the role of [Junior Executive] with effect from 05-Jun-2025, and to confirm your Last Working Day (LWD) is mutually agreed on 04-Jul-2025.

We respect your decision and would like to take this opportunity to thank you for your dedication. You have always been an excellent employee for [0 Years 9 Months 1 Days].

Please do not hesitate to contact me or the HR department. Thank you again for all of your hard work. Best wishes and good luck,

[admin]

Note: This is an auto-generated mail. Please do not reply.

09-Jun-2025

Vinay R
Peenya Office

Dear Vinay R,

This is in reference to your application for employment in our company and the subsequent interview you had with us. We are pleased to offer you an employment with our organization as Officer-Quality based at Peenya Office .

Please note that this is merely an Offer Letter. The Company's Standard Appointment Letter containing complete terms and conditions of employment will be issued to you on your joining the company.

Your appointment and placement on the rolls of the Company is based on the understanding that all the information given in your letters, in your Application Form and during interviews/discussions is correct, true and complete. Reference/Background check will be done within a week's time of you joining us. If it is found at any time that the information given by you is not correct, true and complete, the Company has the right to either withdraw and cancel this offer or terminate your appointment with us at any time without any notice or compensation whatsoever, after you have taken up employment with us.

You are requested to communicate your date of joining at the earliest.

You are required to submit the following documents at the time of joining:

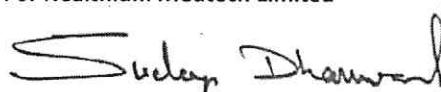
- Joining confirmation e-mail
- Passport size color Photograph – 2 nos.
- Cancelled cheque / Passbook front page copy
- Copy of PAN card & Aadhar
- Photocopy of Educational Certificates: Proof of examination/s passed, indicating the name of the institute and percentage of marks obtained etc.
- Copy of Resignation acceptance & Relieving letter from last employer
- Last Drawn Salary Slip
- Provisional Income & Tax deducted certificate from the last employer (if applicable)

As a process, your Background Verification will be conducted post your joining. If it is found at any time, that the information given by you is not correct, true or complete, the Company has the right to take appropriate action.

You agree to cooperate fully in these procedures and your employment is subject to the company approving the outcome of those checks, at the discretion of the organization

Kindly confirm your acceptance on the duplicate copy of this Offer Letter.

Yours Faithfully,
For Healthium Medtech Limited



Sudeep Dhariwal
Group Chief Financial Officer

Healthium Medtech Limited

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Annexure : Vinay R

Name of the Candidate	Vinay R
Designation Offered	Officer
Qualification	B.Sc
Grade	BAND 2
Previous Employer	Aqmen Medtech Pvt Ltd
Experience in Years	3 Years
Branch / HQ	Peenya Office

Sl.No	Salary Components	Per Annum	Per Month
1	Basic Pay	1,81,250	15,104
2	House Rent Allowance	72,500	6,042
3	Flexi Pay	46,632	3,886
(A)	Total Fixed Gross	3,00,382	25,032
1	Provident Fund (Employer)	23,400	1,950
2	Gratuity *	8,718	727
(B)	Total Retirals	32,118	2,677
1	Statutory Bonus	30,000	2,500
(C)	Total Compensation	30,000	2,500
(D)	Total Fixed Pay (A+B+C)	3,62,500	30,209
(E)	Other Benefits (GMC,GTL,GPA)	21,000	1,750
(F)	Cost To Company (D+E)	3,83,500	31,959

Note : Income Tax deduction is subject to Declaration/Investment Submission

* **Gratuity** - Payable as per Gratuity Act

** **Variable** - As per Company's Variable Pay Policy, subject to change as per management's discretion.

* Any amount paid or reimbursed in lieu of Notice period or Relocation assistance, at the time of joining, shall be recovered fully incase of a voluntary exit before completion of 1 year. After completion of 1 year and before 2 years , the recovery will be prorated as applicable.

Benefits:

- In addition to the above you and your family (spouse + 2 kids) will be covered under Group Mediclaim Policy of Rs. 5,00,000/-.
- Group Personal Accident Policy coverage for self of 3 times the annual CTC.
- Group Term Life Insurance for self - Minimum coverage Rs. 10,00,000/- (Max - 1 time of your Fixed salary)

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EMPLOYEE BACKGROUND VERIFICATION FORM

COMPANY NAME : HML

Please note that it is mandatory for you to complete the form in all respects. The information you provide must be complete and correct and the same shall be treated in strict confidence.

The details on this form will be used for all official requirements should you join the organization.

Position applied for		Job Location	
<i>Quality Control</i>		<i>Peenya, Bangalore-53</i>	
Personal Information			
Full Name of the Applicant		Pancard Number	Aadhaar Number
<i>Viray, R</i>		<i>FM4PR209PP</i>	<i>968647196487</i>
Father's Full Name	<i>Ramakrishna E</i>	Date of Birth (DD/MM/YYYY)	
Husband Name	<i>-</i>	<i>11/10/1999</i>	
Gender (MALE/FEMALE)	MOBILE NUMBER	Nationality	Marital Status
	<i>7259873418</i>	<i>INDIAN</i>	<i>Unmarried</i>
Personal Email ID	<i>Virayr11099@gmail.com</i>	Official Email ID	<i>-</i>
Permanent Address		Period of stay	
<i>Near chowdeshwari temple, No.4 Ramakrishnappa building, Nelegadaran -atali, Nagarbhavi post. Bangalore- 560073</i>		From (Month/Year)	To (Month/Year)
		<i>-</i>	<i>-</i>
		Residence Mobile Number	Alternate Mobile number
Pincode	<i>560073</i>	<i>9353H19004</i>	<i>7259873418 9008738227</i>
State	<i>Karnataka</i>		
Prominent Landmark	<i>Nelegadaranahalli circle</i>		
Nearest Police Station	<i>Peenya</i>		

Education Qualification - Please attach copy of Degree and Final year mark sheet

Name of the University	POST GRADUATION	Dates Attended		Qualification Gained	ID /Roll No
		From	To		
		dd/mm/yy	dd/mm/yy		
<i>Bangalore University</i>	<i>B.Sc. [Biology, Chemistry]</i>	<i>2019</i>	<i>2022</i>	<i>Biotechnology Chemistry</i>	<i>189485011</i>
<i>East-West Institution of Technology</i>	<i>B.Sc. [Biology, Chemistry]</i>	<i>2019</i>	<i>2022</i>	<i>Biotechnology Chemistry</i>	<i>189485011</i>
Name of the College		Course Name / Specialization			

Please tick mark the documents submitted for this qualification along with this form

Marksheets Provisional Certificate Degree Certificate

None

Employment History			
<p>Please ensure that you are descriptive wherever necessary e.g. If company has closed, no mention it. Employee Code/ ID/ Number is mandatory. If your previous employer did not provide one, please mention and state reasons for the same.</p>			
Name of the Employer -1 (Latest Employment)		Address of Employer	
Viraj R		Nelgadaranahalli, Bangalore -73	
Telephone No	Employee Code/No	Designation	UAN Number
7259873418	AMPL1308	Junior Quality Control	101804845609
Employment Period		Reporting Manager's Name	Reporting Manager's Contact No
From	To		9916662859
31/10/2024	11/10/2025	Kavya L N	Reporting Manager's Email ID
Duties & Responsibilities		Reasons for leaving	
Line clearance, checking parameters, Raw materials		It is far from our area, so could not travel	
HR-Human Resource Contact Person Name & Contact Number		HR - Human Resource Contact Person Email ID	
Aishwarya Bonda, 8105529864		—	
First Salary drawn	Was this Position <input checked="" type="checkbox"/> Permanent <input type="checkbox"/> Temporary <input type="checkbox"/> Contractual	Agency Details (if temporary or contractual), provide details	
Last Salary drawn	<input type="checkbox"/> Temporary <input type="checkbox"/> Contractual	—	
Last Salary drawn	<input type="checkbox"/> Temporary <input type="checkbox"/> Contractual	—	
Please tick mark the documents submitted for this employment			
<input type="checkbox"/> Service Certificate <input type="checkbox"/> Relieving letter <input type="checkbox"/> Offer letter <input type="checkbox"/> None		<input type="checkbox"/> Any Other (please specify)	
Employment History - Please attach a copy of your relieving letter/service certificate			
Name of the Employer -2 (Ex-Employment)		Address of Employer	
Viraj R		Nelgadaranahalli, Bangalore -73	
Telephone No	Employee Code/No	Designation	UAN Number
7259873418	—	Production Executive	101804845609
Employment Period		Reporting Manager's Name	Reporting Manager's Contact No
From	To		8073414325
2022	2023	Sri Kanthi, Kristina Prasad	Reporting Manager's Email ID
Duties & Responsibilities		Reasons for leaving	
Production planning, maintaining documents.		1 year contract -	
HR-Human Resource Contact Person Name & Contact Number		HR - Human Resource Contact Person Email ID	
Manohar		9481555583	
First Salary drawn	Was this Position <input checked="" type="checkbox"/> Permanent <input type="checkbox"/> Temporary <input type="checkbox"/> Contractual	Agency Details (if temporary or contractual), provide details	
Last Salary drawn	<input type="checkbox"/> Temporary <input type="checkbox"/> Contractual	—	
Please tick mark the documents submitted for this employment			
<input type="checkbox"/> Service Certificate <input type="checkbox"/> Relieving letter <input type="checkbox"/> Offer letter <input type="checkbox"/> None		<input type="checkbox"/> Any Other (please specify)	

124221



ಕರ್ನಾಟಕ ಸರ್ಕಾರ
GOVERNMENT OF KARNATAKA
ಪದವಿ ಪ್ರಾವ್ಚಿಕ್ಕಣ ಇಲಾಖೆ
DEPARTMENT OF PRE-UNIVERSITY EDUCATION



AFFIX NEW PHOTO

ಪ್ರಮಾಣ ಪತ್ರ CERTIFICATE

ಈ ಕೆಳಗೆ ನಮೂದಿಸಿದ ಅಭ್ಯರ್ಥಿಯ ಪದವಿ ಪ್ರಾವ್ಚಿಕ್ಕಣ ಇಲಾಖೆಯ ಪರೀಕ್ಷೆಯಲ್ಲಿ ಕೆಳಗಿನ ವಿವರಗಳೊಂದಿಗೆ ತೆಗೆದೆಯಾಗಿರುತ್ತಾರೆ ಎಂದು ಪ್ರಮಾಣೇಕರಿಸಲಾಗಿದೆ:

This is to certify that the candidate mentioned below has completed the course and passed the second year Pre-University Examination with the following details:

ಅಭ್ಯರ್ಥಿಯ ಹೆಸರು } DEPARTMENT OF PRE-UNIVERSITY EDUCATION
Candidate's Name } VINAY R
Mother's Name } SHANTHAMMA
Father's Name } RAMAKRISHNA

ತಿಂಗಳು/ವರ್ಷ } MARCH 2018
Month/Year
ನಾಂದರೆ ಸಂಖ್ಯೆ } 496281
Register No.



ವಿಷಯಗಳು (1) Subjects	ನಾಂದರೆ ಸಂಖ್ಯೆ Register No. (2)	ತಿಂಗಳು/ವರ್ಷ Month/Year (3)	ಸರಣಿಕ Max. Marks (4)	ಪರೀಕ್ಷೆಯಲ್ಲಿ ಪ್ರಾಪ್ತಿಗಳು			Marks Obtained In words (5)
				ಪ್ರಾರಂಭ In pages (6)	ರೂಪ್ಯ Grace Mark (7)	ಉತ್ತಮ ಪ್ರಾಪ್ತಿ Total Marks (8)	
KANNADA	255144	MAR 2017	100	62		62	SIX TWO
ENGLISH	255144	MAR 2017	100	60		60	SIX ZERO
ಭಾಗ-II ಒಳ್ಳಿಕೆ ವಿವರಗಳು Part-II Optionals							
PHYSICS	255144	MAR 2017	100	49		49	FOUR NINE
CHEMISTRY	255144	MAR 2017	100	51		51	FIVE ONE
MATHEMATICS	496281	MAR 2018	100	30		30	THREE ZERO
BIOLOGY	255144	MAR 2017	100	51		51	FIVE ONE
ಕಾಲೇಜು ಸಂಕೇತ ಸಂಖ್ಯೆ College Code No.	AN508	ಒಟ್ಟು ಅಂತರ್ಗತ Total Marks	600	303		303	ಪದೇರ ದಿಂದ Class Obtained
ಅಂತರ್ಗತ ಅಕ್ಷರಗಳು Marks in words	THREE ZERO THREE						
ಕಾಲೇಜು College	EAST WEST PU COLLEGE , 63 ANJANANAGAR VISWANEEDA , BANGALORE 560091			EWE			SECOND

ವಿಷಯ ವಿಧ:
STUDENT TYPE: REPEATER

24221

ಮಾಧ್ಯಮ/MEDIUM: ENGLISH

ಫಲಿತಾಂಶೆ ದಿನಾಂಕ:
DATE OF RESULT: 01.05.2018

ನಿದರ್ಶಕರು

ಪದವಿ ಪ್ರಾವ್ಚಿಕ್ಕಣ ಇಲಾಖೆ, ಬೆಂಗಳೂರು.

DIRECTOR,

Department of Pre-University Education,
Bangalore.

Vinay.R
ಅಭ್ಯರ್ಥಿಯ ಹೆಸರು
Signature of the Candidate

ವಿಷಯಗಳ ಅಂತರ್ಗತ ಪ್ರಾಪ್ತಿಗಳು ಮತ್ತು
Signature of the Principal/ Vice-Principal
EAST WEST PU COLLEGE
* 22, Off. Maradi Road

15389088

ಕರ್ನಾಟಕ ಸರ್ಕಾರ

SAN20704

GOVERNMENT OF KARNATAKA

ಕರ್ನಾಟಕ ಪ್ರೌಢ ಶಿಕ್ಷಣ ಪರೀಕ್ಷಾ ಮಂಡಳಿ

Karnataka Secondary Education Examination Board

ಪ್ರಮಾಣ ಪತ್ರ / Certificate

ಈ ಕೆಳಗೆ ನಮೂದಿತ ಅಭ್ಯರ್ಥಿಯ ಎಂ.ಎಸ್.ಎಲ್.ಎ. ಪರೀಕ್ಷೆಯಲ್ಲಿ ತೇಗೆದೆಯಾಗಿರುವುದನ್ನು ಪ್ರಮಾಣೇಕಿಸಿದೆ.



This is to certify that the below mentioned candidate has passed S.S.L.C. Examination.

ನೋಂದಣಿ ಸಂಖ್ಯೆ / Register No. : 20150822262	ತಿಂಗಳು - ವರ್ಷ / Month - Year : APRIL 2015
ಶಿಕ್ಷಣ ಮಾಧ್ಯಮ / Medium of Instruction : ENGLISH	ಅಭ್ಯರ್ಥಿ ಭಾಗ / Candidate Type : CCE REGULAR FRESH

ಹೆಸರು / Name : VINAY R

ತಂದೆಯ ಹೆಸರು / Father's Name : RAMAKRISHNA

ತಾಯಿಯ ಹೆಸರು / Mother's Name : SHANTHAMMA

ಜನ್ಮ ದಿನಾಂಕ / Date of Birth : 11-10-1999 ELEVENTH - OCTOBER - NINETEEN NINETY-NINE

ಲಿಂಗ / Gender : BOY

ಭಾಗ - ಎ / PART - A

ಶೈಕ್ಷಣಿಕ ವಿಷಯಗಳು SCHOLASTIC SUBJECTS	ಬಾಹ್ಯ ಪರೀಕ್ಷೆ EXTERNAL EXAMINATION			ಅಂತರಿಕ್ಷ ಮೌಲ್ಯಾವನ INTERNAL ASSESSMENT			ಒಟ್ಟು ಅಂಕಗಳು TOTAL MARKS			ಶ್ರೇಣಿ GRADE
	ಗರಿಷ್ಠ ಅಂಕಗಳು MAX. MARKS	ಕನಿಷ್ಠ ಅಂಕಗಳು MIN. MARKS	ಗಳಿಸಿದ ಅಂಕಗಳು MARKS OBTAINED	ಗರಿಷ್ಠ ಅಂಕಗಳು MAX. MARKS	ಗಳಿಸಿದ ಅಂಕಗಳು MARKS OBTAINED	ಗರಿಷ್ಠ ಅಂಕಗಳು MAX. MARKS	ಕನಿಷ್ಠ ಅಂಕಗಳು MIN. MARKS	ಗಳಿಸಿದ ಅಂಕಗಳು MARKS OBTAINED		
ಪ್ರಥಮ ಭಾಷೆ / FIRST LANGUAGE : ENGLISH	100	35	78	25	22	125	44	100	A	
ದ್ವಿತೀಯ ಭಾಷೆ / SECOND LANGUAGE : KANNADA	80	28	62	20	18	100	35	80	A	
ತೃತೀಯ ಭಾಷೆ / THIRD LANGUAGE : HINDI	80	28	54	20	15	100	35	69	B	
ಗಣಿತ / MATHEMATICS	80	28	33	20	15	100	35	48	C	
ವಿಜ್ಞಾನ / SCIENCE	80	28	46	20	15	100	35	61	B	
ಸಮಾಜ ವಿಜ್ಞಾನ / SOCIAL SCIENCE	80	28	50	20	19	100	35	69	B	
ಒಟ್ಟು ಅಂಕಗಳು / TOTAL MARKS :	500	175	323	125	104	625	219	427	ಸಿಜೆಎಂ / CGA : B	

ಗಳಿಸಿದ ಒಟ್ಟು ಅಂಕಗಳು (ಅಭ್ಯರ್ಥಿಗಳಲ್ಲಿ) /

TOTAL MARKS OBTAINED (IN WORDS) : FOUR HUNDRED TWENTY SEVEN ONLY

(68.32%)

ಭಾಗ - ಬಿ / PART - B

ಕ್ರ. ಸೆ. / Sl. No.	ಸಹ ಶೈಕ್ಷಣಿಕ ವಿಷಯಗಳು / CO-SCHOLASTIC SUBJECTS	ಶ್ರೇಣಿ / GRADE	ಕ್ರ. ಸೆ. / Sl. No.	ಸಹ ಶೈಕ್ಷಣಿಕ ವಿಷಯಗಳು / CO-SCHOLASTIC SUBJECTS	ಶ್ರೇಣಿ / GRADE
1.	ದ್ಯುಹಿಕ ಮತ್ತು ಅರೋಗ್ಯ ಶಿಕ್ಷಣ / PHYSICAL & HEALTH EDUCATION	A	2.	ಮನೋಭಾವ ಮತ್ತು ಮೌಲ್ಯಗಳು / ATTITUDE & VALUES	A
3.	ಕಾರ್ಯಾನುಭವ / WORK EXPERIENCE	A	4.	ಕಲಾ ಶಿಕ್ಷಣ / ART EDUCATION	A

KSEEB KSEEB

ಜಾಲಾ ಸಂಖ್ಯೆ, ಹೆಸರು ಮತ್ತು ವಿಳಾಸ /
SCHOOL CODE, NAME AND ADDRESS :

AN0694

BHAVASARA EDN TRUST HIGH SCHOOL
CHOKKASANDRA
BENGALURU,

ಕರ್ನಾಟಕ ಪ್ರೌಢ ಶಿಕ್ಷಣ ಪರೀಕ್ಷಾ ಮಂಡಳಿ, ಬೆಂಗಳೂರು

SECRETARY

KARNATAKA SECONDARY EDUCATION EXAMINATION BOARD,
BENGALURU

5253584 / 6046143
Degree : BACHELOR OF SCIENCE (CBCS)
Scheme : CBCS
Sem : 2
Month & Year of Examination : Jun / 2019
NAME : VINAY R

UNIVERSITY



BANGALORE

STATEMENT OF MARKS 05/07/2021
Date : 189MS85011
Register Number :

SL. No.	SUBJECT	MARKS						GRADE POINTS*	CREDITS ASSIGNED	CREDITS POINTS*	REMARKS
		TH/PR/PROJ	IA	MAX	SECURED	MAX	SECURED				
		MAX	MIN	MAX	SECURED	MAX	SECURED	MAX	MIN	SECURED	
1	KAN2.1 KANNADA	70	25	49	30	28	100	40	77	8	2
2	ENG2.1 ENGLISH	70	25	38	30	27	100	40	65	6.5	2
3	BOT2.1 BOTANY - II	70	25	38	30	30	100	40	68	7	2
4	BOT2.2 BOTANY - II	35	12	31	15	15	50	20	46	9.5	1
5	CHE2.1 CHEMISTRY - II	70	25	33	30	25	100	40	58	6	2
6	CHE2.2 CHEMISTRY - II	35	12	22	15	13	50	20	35	7	1
7	BTG2.1 MICROBIOLOGY AND BIOSTATISTICS	70	25	29	30	26	100	40	55	5.5	2
8	BTG2.2 MICROBIOLOGY AND BIOSTATISTICS	35	12	21	15	13	50	20	34	7	1
9	ICH2.1: INDIAN CONSTITUTION AND HUMAN RIGHTS	70	25	45	30	29	100	40	74	7.5	2
10	CCE2.1: CO-CURRICULAR AND EXTENSION ACTIVITIES				50	44	50	20	44	9	1
											9
		GRAND TOTAL						800		556	113.5
		FIVE HUNDRED AND FIFTY SIX						7.09		73.0	16
		TOTAL MARKS						FIRST CLASS DISTINCTION		A	

Semester Grade Point Average (SGPA)*

REGULAR

* See Overleaf MINIMUM FOR PASS IS 35% IN THEORY/PRACTICAL AND 40% IN AGGREGATE INCLUDING INTERNAL ASSESSMENT IN EACH PAPER.
Note :- CO-CURRICULAR AND EXTENSION ACTIVITIES PAPER DOES NOT HAVE THE MINIMUM MARKS. THE STUDENT HAS TO SECURE 40% AND ABOVE TO GET CREDIT POINTS.

Signature of the Candidate

Signature of the Principal/Chairperson

REGISTRAR (EVALUATION)

5235454 / 5905113
Degree : BACHELOR OF SCIENCE (CBCS)
Scheme : CBCS
Sem : 1

Month & Year of Examination : Dec / 2018
NAME : VINAYAR

BANGALORE UNIVERSITY

STATEMENT OF MARKS

Date : 05/07/2021

Register Number : 189MS85011



SL. No.	SUBJECT	MARKS						ASSIGNED CREDITS POINTS*	CREDITS POINTS*	REMARKS
		TH/PR/PROJ	IA	MAX	SECURED	MAX	MIN			
1	ENG1.1 ENGLISH	70	25	43	30	18	100	40	61	6.5
2	KAN1.1 KANNADA	70	25	48	30	25	100	40	73	7.5
3	BTG1.1 CELL BIOLOGY	70	25	AB	30	22	100	40	22	0
4	BOT1.2 BOTANY	35	12	31	15	12	50	20	43	9
5	CHE1.1 CHEMISTRY	70	25	25	30	16	100	40	41	4.5
6	CHE1.2 CHEMISTRY	35	12	31	15	10	50	20	41	8.5
7	BTG1.2 CELL BIOLOGY	35	12	26	15	13	50	20	39	8
8	BOT1.1 BOTANY	70	25	25	30	23	100	40	48	5
9	EVS4.1 ENVIRONMENTAL STUDIES	70	25	27	30	28	100	40	55	5.5
10	CCE1.1: CO-CURRICULAR AND EXTENSION ACTIVITIES -1			50	49	50	20	49	10	10
								800	320	472
								64.5	16	93.5
										RE-APPEAR

5346334 / 6362868

Degree **BACHELOR OF SCIENCE (CBCS)**
Scheme **CBCS**

Sem **1**

Month & Year of Examination : **Dec / 2019**
NAME : **VINAY R**

UNIVERSITY
BANGALORE



STATEMENT OF MARKS

Date : **07/01/2022**

Register Number : **189MS85011**



SL. No.	SUBJECT	MARKS						REMARKS	
		TH/PR/PROJ		IA		SUBJECT TOTAL			
MAX	MIN	SECURED	MAX	SECURED	MAX	MIN	SECURED		
1	BTG1.1 CELL BIOLOGY	70	25	43		100	40	65	6.5 2 13

TOTAL MARKS
Semester Grade Point Average (SGPA)*

6.66

FIRST CLASS

B+

* See Overleaf MINIMUM FOR PASS IS 35% IN THEORY/PRACTICAL AND 40% IN AGGREGATE INCLUDING INTERNAL ASSESSMENT IN EACH PAPER.
Note :- CO-CURRICULAR AND EXTENSION ACTIVITIES PAPER DOES NOT HAVE THE MINIMUM MARKS. THE STUDENT HAS TO SECURE 40% AND ABOVE TO GET CREDIT POINTS



Signature of the Candidate

Signature of the Principal/Chairperson



REGISTRAR (EVALUATION)

5289619

/6250824

BACHELOR OF SCIENCE (CBCS)

CBCS

Sem 4

Month & Year of Examination : Sep / 2020

NAME : VINAY R

UNIVERSITY

STATEMENT OF MARKS

Date : 06/11/2021

Register Number : 1189MS85011

Degree

Scheme

Sem

NAME



STATEMENT OF MARKS

Date

Register Number

:

1189MS85011

:

06/11/2021

:

1189MS85011

SL. No.	SUBJECT	MARKS				GRADE POINTS	CREDITS ASSIGNED	CREDIT POINTS	REMARKS
		MAX	MIN	SECURED	IA				
1	ENG4.1 ENGLISH	70	25	51	30	23	100	40	74
2	KAN4.1 KANNADA	70	25	58	30	29	100	40	87
3	BOT4.1 BOTANY - IV	70	25	52	30	24	100	40	76
4	BOT4.2 BOTANY - IV	35	12	26	15	12	50	20	38
5	BTG4.1 MOLECULAR BIOLOGY	70	25	55	30	27	100	40	82
6	BTG4.2 MOLECULAR BIOLOGY	35	12	29	15	15	50	20	44
7	CHE4.1 CHEMISTRY-IV	70	25	54	30	26	100	40	80
8	CHE4.2 CHEMISTRY - IV	35	12	27	15	13	50	20	40
9	PERSONALITY DEVELOPMENT	70	25	59	30	30	100	40	89
10	CEA4.1 CO-CURRICULAR AND EXTENSION ACTIVITIES-4				50	30	50	20	30
GRAND TOTAL									
TOTAL MARKS		SIX HUNDRED AND FORTY				8.19			
Semester Grade Point Average (SGPA)*									
Note : * See Overleaf		MINIMUM FOR PASS IS 33% IN THEORY/PRACTICAL AND 40% IN AGGREGATE INCLUDING INTERNAL ASSESSMENT IN EACH PAPER.				THE STUDENT HAS TO SECURE 40% AND ABOVE TO GET CREDIT POINTS			
Signature of the Candidate									
Signature of the Principal/Chairperson									
REGISTRAR (EVALUATION)									

See Overleaf

Note : * CO-CURRICULAR AND EXTENSION ACTIVITIES PAPER DOES NOT HAVE THE MINIMUM MARKS.

TOTAL MARKS

Semester Grade Point Average (SGPA)*

TOTAL CREDIT POINTS

TOTAL CREDITS

TOTAL GRADE POINTS

MINIMUM FOR PASS IS 33% IN THEORY/PRACTICAL AND 40% IN AGGREGATE INCLUDING INTERNAL ASSESSMENT IN EACH PAPER.

THE STUDENT HAS TO SECURE 40% AND ABOVE TO GET CREDIT POINTS



See Overleaf

Note : * CO-CURRICULAR AND EXTENSION ACTIVITIES PAPER DOES NOT HAVE THE MINIMUM MARKS.

TOTAL MARKS

Semester Grade Point Average (SGPA)*

TOTAL CREDIT POINTS

TOTAL CREDITS

TOTAL GRADE POINTS

MINIMUM FOR PASS IS 33% IN THEORY/PRACTICAL AND 40% IN AGGREGATE INCLUDING INTERNAL ASSESSMENT IN EACH PAPER.

THE STUDENT HAS TO SECURE 40% AND ABOVE TO GET CREDIT POINTS

TOTAL MARKS

Semester Grade Point Average (SGPA)*

TOTAL CREDIT POINTS

TOTAL CREDITS

TOTAL GRADE POINTS

MINIMUM FOR PASS IS 33% IN THEORY/PRACTICAL AND 40% IN AGGREGATE INCLUDING INTERNAL ASSESSMENT IN EACH PAPER.

THE STUDENT HAS TO SECURE 40% AND ABOVE TO GET CREDIT POINTS

TOTAL MARKS

Semester Grade Point Average (SGPA)*

TOTAL CREDIT POINTS

TOTAL CREDITS

TOTAL GRADE POINTS

MINIMUM FOR PASS IS 33% IN THEORY/PRACTICAL AND 40% IN AGGREGATE INCLUDING INTERNAL ASSESSMENT IN EACH PAPER.

THE STUDENT HAS TO SECURE 40% AND ABOVE TO GET CREDIT POINTS

TOTAL MARKS

Semester Grade Point Average (SGPA)*

TOTAL CREDIT POINTS

TOTAL CREDITS

TOTAL GRADE POINTS

MINIMUM FOR PASS IS 33% IN THEORY/PRACTICAL AND 40% IN AGGREGATE INCLUDING INTERNAL ASSESSMENT IN EACH PAPER.

THE STUDENT HAS TO SECURE 40% AND ABOVE TO GET CREDIT POINTS

TOTAL MARKS

Semester Grade Point Average (SGPA)*

TOTAL CREDIT POINTS

TOTAL CREDITS

TOTAL GRADE POINTS

MINIMUM FOR PASS IS 33% IN THEORY/PRACTICAL AND 40% IN AGGREGATE INCLUDING INTERNAL ASSESSMENT IN EACH PAPER.

THE STUDENT HAS TO SECURE 40% AND ABOVE TO GET CREDIT POINTS

TOTAL MARKS

Semester Grade Point Average (SGPA)*

TOTAL CREDIT POINTS

TOTAL CREDITS

TOTAL GRADE POINTS

MINIMUM FOR PASS IS 33% IN THEORY/PRACTICAL AND 40% IN AGGREGATE INCLUDING INTERNAL ASSESSMENT IN EACH PAPER.

THE STUDENT HAS TO SECURE 40% AND ABOVE TO GET CREDIT POINTS

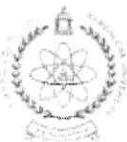
TOTAL MARKS

Semester Grade Point Average (SGPA)*

TOTAL CREDIT POINTS

TOTAL CREDITS

TOTAL GRADE POINTS



Bangalore University

Statement of Marks/Grades

VI SEMESTER (BACHELOR OF SCIENCE (CBCS))

AUGUST 2021 Examination



Reg No. 189MS85011

Name VINAY R

Roll No. 189MS85011

College/Department Name BANGALORE UNIVERSITY

Sdy Code / Course ID	Subject/Paper	Theory			Practical			TA			VIVA			Total Marks			Grade	Grade Points	Credit Hours	Credit Points	Remarks
		Max	Min	Sec	Max	Min	Sec	Max	Min	Sec	Max	Min	Sec	Max	Min	Sec					
SCIU61	CHE63 CHEMISTRY - VII	70	25	70				36	22					100	40	87	9	2	18		
SCIU62	CHE63 CHEMISTRY - VIII	70	25	26				30	21					100	40	59	5	2	10		
SCIP61	CHE63 CHEMISTRY - VII				35	12	29	15		12				50	20	41	8.5	1	8.5		
SCIP62	CHE64 CHEMISTRY - VIII				35	12	29	15		12				50	20	43	8.5	1	8.5		
BT-C61	BTG61 PLANT BIOTECHNOLOGY	70	25	46				30	20					100	40	59	7	3	14		
BTG62	BTG62 INDUSTRIAL BIOTECHNOLOGY	70	25	37				30	20					100	40	57	6	2	12		
BTIP61	BTG62 PLANT BIOTECHNOLOGY				35	12	33	15		12				50	20	42	9	1	9		
BTIP62	BTG64 INDUSTRIAL BIOTECHNOLOGY				35	12	32	15		12				50	20	44	9	1	9		
SBIP61	BTB61 BOTANY - VII	70	25	35				30	27					100	40	42	8.5	3	11		
SBTU62	BTB62 BOTANY - VIII	70	25	42				30	28					100	40	70	7	2	14		
SBIP61	BTB62 BOTANY - VII				35	12	32	15		12				50	20	42	9	1	9		
SBIP62	BTB64 BOTANY - VIII				35	12	30	15		12				50	20	43	9	1	9		
SDC63 A	SDC63 ENTREPRENEURSHIP AND INNOVATION	70	25	31				30	30					100	40	61	8.5	2	12		
TOTAL														1000		729			20		

Percentage : 72.9

SGPA : 7.45

RESULT : FIRST CLASS DISTINCTION A



Digitally signed on
Date : 23/05/2023 12:47:44 IST



Note:-

1. This is a digital certificate. The format of this certificate may differ from the document issued by the Institution/University.
2. This certificate is e-signatory generated by DigiLocker - National Academic Depository.
3. This digitally signed document is legally valid as per the IT Act 2000 when used electronically.
4. To verify this certificate, download DigiLocker Android application from Google Play and scan the QR code on the certificate.