

HEALTHIUM MEDTECH LTD

NOMINATION OF A BENEFICIARY FOR ALL DUES TO EMPLOYEE

To,

Healthium Medtech Ltd.

I, MANJUNATHA. D. R, an employee of Healthium Medtech Ltd.

Hereby nominate MONALI D MATHAD 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 : MONALI D MATHAD
2. Address of Nominee : #555, 1st CROSS, 1Ath MAIN
BSK 1st STAGE, BANGALORE-560000
3. Relationship with me : SPOUSE

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 : _____



(Signature of Employee)

Date: 04/12/2025

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

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

Date 04/12/2025



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	MANJUNATHA DR
2.	Father's Name <input type="checkbox"/> Spouse's Name <input checked="" type="checkbox"/> (Please tick whichever is applicable)	MONALI D MATHAD
3.	Date of Birth: (DD / MM / YYYY)	13/10/1982
4.	Gender: (Male/Female/Transgender)	MALE
5.	Marital Status (Married/Unmarried/Widow/Widower/Divorcee)	MARRIED
6.	(a) Email ID: (b) Mobile No.:	MANJUOR.1310@GMAIL.COM 9766566106
7.	Whether earlier a member of Employees' Provident Fund Scheme, 1952	Yes / No
8.	Whether earlier a member of Employees' Pension Scheme, 1995	Yes / No
9.	Previous employment details: [if Yes to 7 AND/OR 8 above]	101945825788
	a) Universal Account Number:	
	b) Previous PF Account Number:	33131
	c) Date of exit from previous employment: (DD/MM/YYYY)	
	d) Scheme Certificate No. (if issued)	
10.	e) Pension Payment Order (PPO) No. (if issued)	
	a) International Worker:	Yes / No
	b) If yes, state country of origin (India/Name of other country)	
	c) Passport No.	
11.	d) Validity of passport [(DD/MM/YYYY) to (DD/MM/YYYY)]	
	KYC Details: (attach self attested copies of following KYCs)	
	a) Bank Account No. & IFS Code	
	b) AADHAR Number	607052065193
	c) Permanent Account Number (PAN), if available	AIDPR7327A

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: 04/12/2025
Place: Tumkur


Signature of Member

DECLARATION BY PRESENT EMPLOYER

- The member Mr./Ms./Mrs. has joined on and has been allotted PF Number
- 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 UAN database
 - ☐ Have not been uploaded
 - ☐ Have been uploaded but not approved
 - ☐ Have been uploaded and approved with DSC
 - 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

(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): MANJUNATHA D R, THIMHAREDDY
Name Father's / Husband's Name Surname

2. Date of Birth: 13/10/1982 3. Account No. _____

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

6. Address Permanent / Temporary: 555, 1st floor, 1st cross, 14th main
Bsk 1st stage, Bangalore - 560050

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
MCNALI D MATHAD	BANGALORE	SPOUSE	14/03/1985	60 %	
Baddrinath M	Bangalore	Son	06/01/2019	40 %	

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)
01.	MCNALI D MATHAD BANGALORE	40 Yrs	SPOUSE
02	BADDIRNATH M BANGALORE	06 Yrs	SON

Self-Declaration form

Date: - __/__/__

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: BangaloreDate: 04/12/2025

Signature: _____



6. Marital Status Marnied (Whether married, unmarried, widow or widower).

7. Date of Birth 13/10/1982

8. Permanent Address A-213, DODDERI (VILL & PO)
MADAKASIRA (TALUK), ANANTAPUR (SRI SATYASAI) - DIST. AP-515321

Singed at Pumkunt this 04th day of Dec 2025


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.....

..... 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

File

File

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.

HEALTHIUM MEDTECH LTD

Details of Employee & Family members to cover under Medical Insurance

Emp No	Name	Date of Birth	Relationship with Employee
	MANJUNATHA D R	13/10/1982	SELF
	MONALI D MATHAD	14/03/1985	SPOUSE
	BADDORINATH. M	06/01/2019	SON

Date: 04/12/2025



Signature of the Employee

Options to cover self & family members (maximum coverage to 4 members only, including employee)-

1. Employee, Spouse & two children only or
2. Employee.

HEALTHIUM MEDTECH LTD**Employee Information****Personal Information**

Full Name: MANJUNATHA DR
First Middle Last

Permanent Address: A-213, DODDERI (VELL & PO), MADAKASIRA(TK)
House No. Street Name

ANANTAPUR (SRI SATYA SAI) - DIST, AP - 515321
City State ZIP Code

Home Phone: 9766566106 Alternate Phone: 9620266523

Present Address: 555, 1st FLOOR, 1st CROSS, 14th MAIN
House No. Street Name

BSK 1st STAGE, BANGALORE, KA - 560050
City State ZIP Code

Gender (M/F): MALE

Mobile: 9766566106

Email: manjudn.1310@gmail.com

Birth Date: 13/10/1982

Spouse's Name: MONALI D MATHAD

Nationality: INDIAN

Passport No.: - Expiry date: -

Marital Status: MARRIED
(Single/Married/Divorced/Widowed)

Blood Group: A+ve

Emergency Contact Information

Full Name: MONALI D MATHAD
First Middle Last

Address: 555, 1st FLOOR, 1st CROSS, 1Ath MAIN
House No. Street Name

BSK 1st STAGE, BANGALORE, KA - 560050
City State ZIP Code

Primary Phone: 9620266523 Alternate Phone: 9456715466

Relationship: SPOUSE

Academic Qualification

	Institution	Year(From & To)	Main Subjects	Score %
10 th Std.	SRRHS	1997-98	MATHEMATICS, SCIENCE, S.S	50.72%
Graduation	KUVEMPUR UNIVERSITY	2014-15	HISTORY, ECONOMICS, POLITICAL SCIENCE	58.05%
Post-Graduation	KUVEMPUR UNIVERSITY	2015-17	MACRO ECONOMICS, INTERNATIONAL ECONOMIC	64.12%

Family Background

Relationship	Name	Occupation	Dependent or not
Father			
Mother	RATNAMMA	HOUSE WIFE	DEPENDENT
Spouse	MONALI D MATHAD	LECTURER	NOT
Child1	BADDRINATH. M	STUDENT	DEPENDENT
Child 2			
Others			

Work Experience (Kindly Start with the most recent employer)

Name of the company	Designation	From (Date)	To (Date)	Reporting To	Salary last drawn	Reason for leaving
INDIAN ARMY	SOLDIER	16/07/03	31/07/20	CO	52,051	Full Service

Job Information-HMPL (To be filled by HR Rep)

Title: _____ Employee ID: _____

Supervisor: _____ Department: _____

Work Location: _____ Email: _____

Joining Date: _____ Designation: _____

Aadhar No.: _____ PAN: _____

Bank Name: _____ Account No.: _____

Branch: _____ IFSC Code: _____

Name: _____

Date: _____

Signature: _____

Place: _____

APPENDIX

The Trustees

Dear Sirs,

I Manjunatha DR a Member of the Healthium Medtech Limited 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
01	<u>Monali D Malhad</u> <u>555, 1st cross, 14th main,</u> <u>Bsk 1st stage, Bangalore</u>	<u>Spouse</u>	<u>40 yrs</u>	<u>60 %</u>
02	<u>Baddanath M</u> <u>555, 1st cross, 14th main,</u> <u>Bsk 1st stage, Bangalore</u>	<u>Son</u>	<u>06 yrs</u>	<u>40 %</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:

- Full Name Manjunatha DR
- Sex Male
- Religion Hindu
- Father's Name Thimma Reddy
-

(For married women only)

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 *Asst. Manager* 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, Manipal, Dasarahalli Main Road, Sector-8, Hebbal, Bengaluru, Karnataka - 560092, India.
Registered Office: 472/D, 13th Cross, 2nd Phase, Peenya Industrial Area, Bengaluru, Karnataka - 560 056, India. | Tel: +91 80 4186 3000 | Email: care@healthiummedtech.com
www.healthiummedtech.com | CIN: U33112KA1993PLC013851

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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www.healthiummedtech.com | CIN: U00311KA1992PLC013831

- (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 Security 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

Healthium Medtech Limited

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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 : U05311KA1992PLC013831

from the date of assignment) set forth in Section 19(4) of The Indian Copyright Act, 1957, does not apply to the 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.

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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.

- 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:

555, 1st Floor, 1st Cross
14th Main, BSK 1st Stage, Bangalore, KA-560050

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

Healthium Medtech Limited

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www.healthiummedtech.com | CIN : U03311KA1992PIC013831

that information sent by this means may be susceptible to forgery or distortion and agree to accept the risks of distribution by electronic mail.

- 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.

Unid J Varghese

SIGNED on behalf of **Healthium Medtech Ltd**

SIGNED by Employee

[Signature]

Date :- 04/12/2025

Healthium Medtech Limited

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www.healthiummedtech.com | CIN : U03311KA1992PLC013831

EMPLOYEE CONFIDENTIALITY AND NON-COMPETE AGREEMENT

This **EMPLOYEE CONFIDENTIALITY AND NON-COMPETE AGREEMENT IS EXECUTED AT BANGALORE**
ON THIS THE 04/12/25 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 Group Chief Human Resources Officer Mr. Vinod Thoompunkal Varghese** (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. MANJUNATHA DR is an individual residing at

555, 1st FLOOR, 1st CROSS, 14th MAIN, BSK 1st STAGE,

BANGALORE, KA-560050

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;

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Government of India

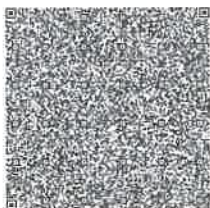
భారత విశిష్ట గుర్తింపు ప్రాధికార సంస్థ
Unique Identification Authority of India

రిజిస్ట్రేషన్/Enrolment No.: 0000/00499/16171

To
మంజునాథ డి ఆర్
Manjunatha D R
S/O THIMMA REDDY,
NO 555 KUMARA KRUPA 1ST FLOOR,
14TH MAIN ROAD 1ST CROSS ROAD,
BSK 1ST STAGE,
VTC: Banashankari,
PO: Banashankari,
District: Bengaluru,
State: Karnataka,
PIN Code: 560050,
Mobile: 9766566106

Signature valid

Digitally signed by Manjunatha D R
DN: cn=Manjunatha D R, o=Unique
Identification Authority of India
Date: 2025.10.10 19:28:53
+05'30'



మీ ఆధార్ సంఖ్య / Your Aadhaar No. :

6070 5206 5193

VID : 9175 7920 8444 2294

నా ఆధార్, నా గుర్తింపు



భారత ప్రభుత్వం
Government of India



మంజునాథ డి ఆర్
Manjunatha D R
పుట్టిన తేదీ/DOB: 13/10/1982
పురుషుడు/ MALE

ఆధార్ అనేది గుర్తింపు రుజువు మాత్రమే, పౌరసత్వం లేదా పుట్టిన తేదీ కి కాదు. ఇది వ్యక్తిత్వంలో చూపుతున్న అంశాలను ఆధారంగా ఉపయోగించడానికి (ఆన్లైన్ సమాచారం లేదా QR కోడ్ / ఆఫ్లైన్ XML యొక్క స్కానింగ్).
Aadhaar is proof of identity, not of citizenship or date of birth. It should be used with verification (online authentication, or scanning of QR code / offline XML).

6070 5206 5193

నా ఆధార్, నా గుర్తింపు



Government of India



సమాచారము / INFORMATION

- ఆధార్ అనేది గుర్తింపు రుజువు, పౌరసత్వం లేదా పుట్టిన తేదీ కి కాదు. పుట్టిన తేదీ అనేది ఆధార్ సంఖ్య చోట్ల సమర్పించిన నిబంధనలలో పేర్కొన్న పుట్టిన తేదీ పత్రం యొక్క రుజువు ఆధారం ద్వారా ఇచ్చే సమాచారంపై ఆధారపడి ఉంటుంది.
- ఈ ఆధార్ లేబును UIDAI నియమించిన ప్రమాణీకరణ ఏజెన్సీ ద్వారా ఆన్లైన్ ప్రమాణీకరణ ద్వారా లేదా యాప్ స్టోర్లలో అందుబాటులో ఉన్న mAadhaar లేదా ఆధార్ QR స్కానర్ యాప్‌ని ఉపయోగించి లేదా www.uidai.gov.inలో అందుబాటులో ఉన్న సురక్షిత QR కోడ్ రీడర్ యాప్‌ని ఉపయోగించి QR కోడ్ స్కానింగ్ ద్వారా ధృవీకరించాలి.
- ఆధార్ ప్రత్యేకమైనది మరియు సురక్షితమైనది.
- ఆధార్ సమాధు చేసిన తేదీ నుండి ప్రతి 10 సంవత్సరాల లేదా గుర్తింపు మరియు విరుచాచూకు సంబంధించిన పత్రాలతో ఆధార్ ను నవీకరించాలి.
- వివిధ ప్రభుత్వ మరియు ప్రభుత్వేతర ప్రయోజనాలు/సేవలను పొందడంలో ఆధార్ మీకు సహాయపడుతుంది.
- మీ మొబైల్ నంబర్ మరియు ఈ-మెయిల్ ఐడిని ఆధార్ లో అప్డేట్ చేసుకోండి.
- ఆధార్ సేవలను పొందేందుకు mAadhaar యాప్‌ను డౌన్లోడ్ చేసుకోండి.
- ఆధార్/బయోమెట్రిక్‌లను ఉపయోగించనప్పుడు భద్రతను నిర్ధారించడానికి లాక్/అన్‌లాక్ ఆధార్/బయోమెట్రిక్ ఏదైనా ఉపయోగించండి.
- ఆధార్‌ను కోరి సంస్థలు తప్పనిసరిగా సమ్మతి పొందవలసి ఉంటుంది
- Aadhaar is proof of identity, not of citizenship or date of birth (DOB). DOB is based on information supported by proof of DOB document specified in regulations, submitted by Aadhaar number holder.
- This Aadhaar letter should be verified through either online authentication by UIDAI-appointed authentication agency or QR code scanning using mAadhaar or Aadhaar QR Scanner app available in app stores or using secure QR code reader app available on www.uidai.gov.in.
- Aadhaar is unique and secure.
- Documents to support identity and address should be updated in Aadhaar after every 10 years from date of enrolment for Aadhaar.
- Aadhaar helps you avail of various Government and Non-Government benefits/services.
- Keep your mobile number and email id updated in Aadhaar.
- Download mAadhaar app to avail of Aadhaar services.
- Use the feature of Lock/Unlock Aadhaar/biometrics to ensure security when not using Aadhaar/biometrics.
- Entities seeking Aadhaar are obligated to seek consent.

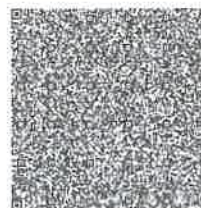


భారత విశిష్ట గుర్తింపు ప్రాధికార సంస్థ
Unique Identification Authority of India



చిరునామా:
స/ఓ తిమ్మా రెడ్డి, నో 555 కుమార కృప 1ST ఫ్లోర్, 14TH
మెయిన్ రోడ్ 1ST క్రాస్ రోడ్, బెన్శంకరి, బెన్శంకరి,
బెన్శంకరి, బెన్శంకరి,
కర్ణాటక - 560050

Address:
S/O THIMMA REDDY, NO 555 KUMARA KRUPA
1ST FLOOR, 14TH MAIN ROAD 1ST CROSS
ROAD, BSK 1ST STAGE, Banashankari, PO:
Banashankari, DIST: Bengaluru,
Karnataka - 560050



6070 5206 5193

VID : 9175 7920 8444 2294

1947

help@uidai.gov.in

www.uidai.gov.in

आयकर विभाग
INCOME TAX DEPARTMENT



भारत सरकार
GOVT. OF INDIA



स्थायी लेखा संख्या कार्ड
Permanent Account Number Card
AIDPR7327Q



नाम / Name
MANJUNATHA D R

पिता का नाम / Father's Name
THIMMA REDDY

जन्म की तारीख / Date of Birth
13/10/1982

MANJUNATHA D R
हस्ताक्षर / Signature



20042017

इस कार्ड के खोने/पाने पर कृपया सूचित करें/लौटाएं:

आयकर पैन सेवा इकाई, एन एस डी एल
5 वीं मंजिल, मंत्री स्टर्लिंग,
प्लॉट नं. 341, सर्वे नं. 997/8,
मॉडल कॉलोनी, 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
5th Floor, Mantri Sterling,
Plot No. 341, Survey No. 997/8,
Model Colony, Near Deep Bungalow Chowk,
Pune - 411 016.

Tel: 91-20-2721 8080, Fax: 91-20-2721 8081
e-mail: tininfo@nsdl.co.in

D	D	M	M	Y	Y	Y	Y		

Pay

या धारक को or Bearer

रुपये Rupees

अदा करें

₹

A/c.No.

156010100048587

SBSAL 343160

Payable at par at all branches of Axis Bank Ltd in India.

MANJUNATHA D R
Please sign above

⑈583086⑈ 572211002⑈ 343160⑈ 31

सं०/Service Number 15166247H

नाम/Name Manjunatha D.

सेवानिवृत्ति के समय रैंक GNR
Rank at the time of retirement - Artillery

रेजिमेन्ट/कोर/शाखा 11 MED REGT (ZOUHA)
Regt/Corp/Branch

ट्रेड/Trade GUNNER

जन्मतिथि/Date of Birth 13-10-1982

पिता का नाम/Father's Name Thimma Reddy

पता/Address DODDERI (SPV) ROLLA (N)

modakur (N) Anantapur (Dist)

515321 पुलिस स्टेशन/P.S. ROLLA

विमुक्ति की तारीख/Date of Discharge 31-07-2020

पेंशन/Pension Rs. 21025/-

प्रकार और विकलांगता प्रतिशत -
Type/Percentage of Disability

तारीख एवं स्थान 19-10-2020, Anantapur

Date & Place of Issue

क्रम संख्या/Serial No. Ap-01

Nº 7065535

भारत
INDIA



सत्यमेव जयते



ROLLA SAINIK WELFARE OFFICE

ROLLA SAINIK WELFARE OFFICE

नाम - ANANTAPURAM

नाम - ANANTAPURAM

नाम - ANANTAPURAM

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नाम - ANANTAPURAM

नाम - ANANTAPURAM

मुख्यालय मोहर
H.Q. STAMP

जारीकर्ता अधिकारी हस्ताक्षर
Signature of Issuing Officer

20.6-16-07-2003

पहचान चिन्ह/Identification Mark SLACK MOLE
Left Side NECK

बाएं अंगूठे का निशान/LHTI



धारक के हस्ताक्षर
Signature of the Holder

nanjunatha DR

Cell NO: 9766566106



B. C.
जारीकर्ता अधिकारी हस्ताक्षर
Signature of Issuing Officer
19/10/2006

पहचान पत्र - भूतपूर्व सैनिक IDENTITY CARD - EX-SERVICEMEN



सत्यमेव जयते



यह कार्ड अहस्तांतरणीय है और मांगने पर प्रस्तुत किया जाएगा।

This card is not transferable and is to be produced on demand.

पाने वाला इसे केन्द्रीय सैनिक बोर्ड, रक्षा मंत्रालय, पश्चिम खण्ड-4, आर के पुरम, नई दिल्ली-110 066 को बिना टिकट लगा पत्र पेटी में डाल दें या पास के सैनिक यूनिट या थाने में जमा करा दें।

Finder drop this in letter box postage free to Kendriya Sainik Board, Ministry of Defence, West Block-IV, RK Puram, New Delhi-110 066 or handover to the nearest Military Unit or Police Station.

Account Type	:Savings Account	Email ID (Branch)	:bhrd343@axisbank.com
Account Number	:156010100048587	Branch Code/Name	:343/TUMKUR [KT]
Customer Id	:156006308	Branch Address	:GROUND FLOOR
Customer Name	:MANJUNATHA D R		SIDDHAGANGA OFFICE COMPLEX B.H.ROAD
			TUMAKURU - 572104.
A/c Open Date	:09-08-2005	PAN No	:XXXXXX327Q
Customer Address	:NO 555 KUMARA KRUPA 1ST FLOOR 14TH MAIN ROAD	Date Of Issue	:14-11-2025
	1ST CROSS ROAD BSK 1ST STAGE BANASHANKARI	S/D/W/O	:
	BENGALURU - 560050.		
CKYC Number	:	Scheme	:SAVINGS BANK - SALARY A/C
Mode of Operation	:SELF	Tel No (Branch)	:8095503432
Cust Mob No/Res No	:XXXXXX6106/	Swift Code	:AXISINBBA22
Nomination	:Registered	MICR Code/IFSC Code	:572211002/UTIB0000343
Nomination Name	:	PPD Number	:
		Email ID(Customer)	:MANJUDR.1310@GMAIL.COM
		Branch Timings	:09:30 AM to 03:30 PM(Working Days)

Deposit Insurance and Credit Guarantee Corporation (DICGC) insurance cover is applicable in all Banks' deposits, such as savings, current , fixed, recurring etc* up to maximum amount of Rs 5 Lakh including principal & interest both.
(*for exceptions and details please refer www.dicgc.org.in)



TESTIMONIAL FOR CIVIL EMPLOYMENT

Certified that No 15166247H Gnr (Gnr) Manjunatha DR of 11 Med Regt (ZOJILA) now proceeding on retirement has the attributes in respect of his character and personality recorded as under for the purpose of assessment of his suitability for civil employment:-

Auth : IHQ of MoD (Army) letter No A/47773/Rtg 8 (I of R) (a) dated 30 Nov 1982.

S N o	Attributes	Remarks
1.	Intelligence	An extremely intelligent Non Commissioned Officer who has an eye for detail, quickly grasps important points and is a fast learner. He is efficient to take up any type of responsibility.
2.	Reliability	Very reliable
3.	Keeness and energy for work	Takes keen interest and completes it with utmost energy in assigned tasks
4.	Initiative and sense for responsibility	Takes initiative and accepts additional responsibilities cheerfully and willingly
5.	Organising ability for NCOs and above	Organises official tasks in a befitted, systematic and logical manner which produces a better result
6.	Sports	Nil
7.	Special Technical Qualification or appointment held in the Army	Qualified in Technical Trade Test Class-I
8.	Any other special characteristics and quality	The Non Commissioned Officer can effectively supervise a group of subordinates. He is amiable and adaptable. He will surely be an asset to any organisation.
9.	Equation of Service (Equivalent to Civil Trade)	Grade-III
10.	Vocational training given and proficiencies achieved	Nil
11.	Character	EXEMPLARY

Station : c/o 56 APO
PIN : 925721
Date : 25 Jun 2020
Bty/11 Med Regt (ZOJILA)

मेजर/कप्तान
Major/Captain
बैटरी कमांडर
Battery Commander
हेडक्वार्टर : बैटरी/११ मध्यम रेजिमेंट (जोजीला)
HQ Battery/11 Med Regt (ZOJILA)

COUNTERSIGNED

Station : c/o 56 APO
Date : 30 Jun 2020
PIN : 925721
11 Med Regt (ZOJILA)

कर्नल/Colonel
कमान अधिकारी
Commanding Officer
११ मध्यम रेजिमेंट (जोजीला)
11 Med Regt (ZOJILA)

PERSONAL PARTICULARS	EMPLOYEE ID. 190070		NAME MANJU NATH DR		PAN AIDPR7327Q	
	GP & CL : Y-1		Pay Level : 4		DoE 16/07/2003	
PERSONAL PARTICULARS	MUSTER DT 16/07/2004		NEXT INCR DT 01/07/2020		SB DATE 03/07/2004	
	BANK ACNO *****2253		BANK NAME STATE BANK OF INDIA		BRANCH *****	
PERSONAL PARTICULARS	1st ACP ACPNK / 16072011		2nd ACP		3rd ACP	
ACCOUNTS AT A GLANCE	CREDITS		DEBITS			
	AMOUNT CREDITED TO BANK		STATUS		EFFECTIVE	
ACR	(Amount in Words) Rupees : Forty Nine Thousand Six Hundred Forty Six only.					
ADJ & CB	DESCRIPTION		DATE FROM		DATE TO	
PLI	PLIPOL NO.		MAT. DT.		PREMIUM	
	APS-455780-L		30/04/2027		670	
LOAN	NAT		LOAN AMT		RATE	
ADVANCES	ADVANCE TYPE		ADVANCE AMOUNT		PAID MONTH	
DO II	SI. No.		T- Type		Description	
FUND	OP BAL		TOTAL SUB SCN		TOT RFD WDLs	

* Actual Taxable Income received upto the month of : 06/2020

₹. 2,11,660/-

* Anticipated Taxable Income for calculation of Income Tax for Assessment Year : 2021-2022

₹. 2,115/-

* Being system generated document, signature is not required.

* Please dial 180042520201 from your mobile / landline 24*7 to access information on about your Pay and Allowances.

Accounts Officer / Sr. Accounts Officer

Notes :

- 1) पत्रता की राशि को नामे लिखने के बैंक को भेजी राशि अंतसेव है।
- 2) सेवा विवरणों की प्राप्ति की तारीख से वो महीनों की अवधि तक यदि वेतन सेवा कार्यालय से कोई पूछ ताछ अवका प्रश्न प्राप्त नहीं होता है यह माना जाएगा कि संबंधित व्यक्ति अपने सेवा से संतुष्ट हैं।
- 3) आयकर वार्षिक तौर पर वसूल किया जाएगा। वेतन बिल में न दिखने वाले अर्बत अलग से की गई वसत का विवरण तुरंत पी ए ओ को सूचित किया जाना चाहिए।
- 4) वित्त अधिनियम सं 3, 2009 की धारा 206 अख के अनुसार प्रभावी तारीख 01.04.2010 से कर्मचारी को अनिवार्य रूप से अपना पैन नं देना होगा।
- 5) यदि कर्मचारी अपना पैन नं आयकर कटने वाले प्राधिकारी को देने में विफल होते हैं तो उक्त प्राधिकारी आयकर अधिनियम के अन्तर्गत उच्चतर दरों से टी डी एस कटेंगे। अतः कृपया तुरंत पी ए ओ को पैन नं सूचित करें।
- 6) सेवा आर्थिक भविष्य निधि विवरण में दर्ज किया गया अभिप्राय पिछले महीने की वसूली से संबंधित है।
- 7) 'अन' के अधीन 'आवर्ती भत्ते' भत्तों के योग को प्रतिबिंबित करते हैं जिसमें 'वेतन के दर' के अधीन दर्शाए गए वेतन के घटकों को सम्मिलित नहीं किया गया है।
- 8) 'अन' के अधीन 'अन्य सहायोजन' महीने के दौरान सेवाकरण खाना घटकों से सहायोजित राशि के योग को प्रतिबिंबित करते हैं।

SERVICE DTLS	सैन्य संख्या ARMY No.	15166247H	रैंक एवं नाम RANK & NAME	ACPNK MANJU NATH DR	पैन PAN	AIDPR7327Q
	वर्ग CATG	GNRGD	ग्रुप एवं क्लैस GP & CL :	Y-1	जन्म तिथि BIRTH DT	13/10/1982
	भर्ती तिथि ENROLL DT	16/07/2003	साक्ष्यकन तिथि ATTST DT	03/07/2004	वेतन बुकी तिथि NEXT INCR DT	01/07/2021
	स्थायी रैंक SB RANK	SEP	स्थायी रैंक तिथि SB DATE	03/07/2004	कार्यवाहक रैंक तिथि PA DATE	16/07/2011
	बैंक खाता सं.		बैंक का नाम		शाखा	स्टेशन
	BANK ACNO	11635992253	BANK NAME	STATE BANK OF INDIA	BRANCH	STATION
					COMMERCIAL BRANCH SECUNER(SBIN00040 31)	SECUNDERABAD
	पहला ऐंसेपी 1st ACP	ACPNK / 16072011	दूसरा ऐंसेपी 2nd ACP		तीसरा ऐंसेपी 3rd ACP	

ACCOUNTS AT A GLANCE	जमा	CREDITS	₹	नामे	DEBITS	₹
	आदि शेष	OPENING BALANCE	0	आदि शेष	OPENING BALANCE	0
	बना शेष पर बोनस	BONUS ON CR. BALANCE	0	ए एफ पी पी निधि अभिवान	AFPP FUND SUBSCRIPTION	0
	ईड वेतन	BAND PAY	36400	ए एफ पी पी निधि वापसी	AFPP FUND REFUND	0
	ग्रेड वेतन	GRADE PAY	0	ए जी आई एफ	AGIF	0
	ग्रुप एक्स वेतन	GP-X PAY	5200	डिस्क बीमा	PLI	0
	एम एस वेतन	MS PAY	450	ऋण एवं उधार	LOANS & ADVANCES	0
	क्लैस वेतन	CL PAY	1800	परिवार आर्बिटन घनादेश	FAMO	0
	परिवारन भत्ता	TPAL	7378	मुगतान पंजी	ACQUITTANCE ROLLS	0
	नर्हगाई भत्ता	DA	90	ई टिकटिंग	E-TICKETING	0
पी एम एच ए	PMHA	733	आयकर शिक्का उपकर	INCOME TAX / EC	0	
एल आर ए	LRA	57	जमा शेष निरुद्ध किया गया	CREDIT BALANCE RELEASED	0	
आवर्ती भत्ते	RECURRING ALLOWANCES	-57	बैंक में जमा राशि	AMOUNT CREDITED TO BANK	0	
वेतन भत्ता बकाया	Arr/Rec of PAY & ALLOWANCES		वेतन भत्ता वसूली	R/O PAY & ALLOWANCES		
अन्य समायोजन	OTHER ADJUSTMENTS	370965	अन्य समायोजन	OTHER ADJUSTMENTS		
कुल जमा	TOTAL CREDITS	423016	कुल नामे	TOTAL DEBITS	0	
			अंतिम जमा शेष	CLOSING CREDIT BALANCE	423016	
			स्थिति	STATUS	EFFECTIVE	

ACR	अग्रदाय धारी सं.	दे. वि. स.	बैच	पन्ना	प्रकृति	दे. पु. कमा	मुगतान तारीख	राशि	अग्रदाय धारी सं.	दे. वि. स.	बैच	पन्ना	प्रकृति	दे. पु. कमा	मुगतान तारीख	राशि
	IMP NO.	ACR NO.	BATCH	PAGE	NAT	PBSN	DT. PAYMENT	AMOUNT	IMP NO.	ACR NO.	BATCH	PAGE	NAT	PBSN	DT. PAYMENT	AMOUNT

ADJ & CB	विवरण	तारीख से	तारीख तक	राशि	बैच एवं मद संख्या	विवरण	तारीख से	तारीख तक	राशि	बैच एवं मद संख्या
	DESCRIPTION	DATE FROM	DATE TO	AMOUNT	BATCH & PAGE NO.	DESCRIPTION	DATE FROM	DATE TO	AMOUNT	BATCH & PAGE NO.
	A M SCIA	01/10/09	31/10/09	-2300 CR.		A M TPTL	01/10/09	31/10/09	-508 CR.	
	A S DRESAL	01/07/20	30/06/21	10000 CR.	999					

PLI	डा. जी. बी. पोलसी PLIPOL NO.	पु. तारीख MAT. DT.	बीमा किस्त PREMIUM	वसूली राशि AMT REC.	डा. जी. बी. पोलसी PLIPOL NO.	पु. तारीख MAT. DT.	बीमा किस्त PREMIUM	वसूली राशि AMT REC.

LOAN	प्रकृति	ऋण राशि	स्वीकृत तारीख	वापस तारीख	दर	वसूल मुल घन	वसूल ब्याज	अं. शेष मुल	अं. शेष ब्याज	युनिट	वउचर संख्या
	NAT	LOAN AMT	DATE OF PAYMENT	DATE OF RECOVERY	RATE	PRINC RECOVY	INT RECVY	CB PRNC	CB INTEREST	UNIT	VR.NO.

ADVANCES	बकाया समायोजन दावों सहित महीने के दौरान की गई पेजगी के मुगतान ADVANCES PAID DURING THE MONTH INCLUDING PENDING ADJUSTMENT CLAIMS										
	पेजगी का प्रकार ADVANCE TYPE				पेजगी की राशि ADVANCE AMOUNT				मुगतान का महीना PAID MONTH		

DO II	क्र. सं.	प्रकार	विवरण	ओ सी	तारीख से	तारीख तक	टी जे रा	छु रा भा	दो आ सं	दिनांक	राशि	प्राप्त अंतिम वेतन Last Pay Drawn Date 01/07/2020
	SI. No.	T-Type	Description	OC	FR DATE	TO DATE	TJRA	LRA	DO2 No.	Date	Amount	
					दर Rate	कॉलम COL-7A	कॉलम COL-7B	कॉलम COL-7C	संदर्भ REF DO2 No.	युनिट Unit	रिजि REJ TYPE	वेतन भत्ता PAY / ALLC
	1)	S	INCR		01/07/2020				0/6666/666/2020	01/07/2020	0	Band Pay
									REG	73F011	0	Grade Pay
	2)	S	HRA		01/07/2020		0	0	0/0073/027/2020	13/01/2020	0	Gp-X Pay
					8	CEASED			0/0073/027/2020	73F011	0	MS Pay
	3)	D	ENCFIN		31/07/2020				1/2329/008/2020	07/07/2020	363716	CL Pay
						DISCH	281	251	1/0409/011/2020	73D002	Rev	TPAL
												DA
											PMHA	
											LRA	
											RUMCIG	

FUND	राशन रोमा वार्षिक गतिविधि तिथि माह : 07/2020 AFPP FUND ACCOUNTS FOR THE MTH : 07/2020							
	आदि शेष	कुल अधि	आहरण का प्रति	समायोजन	बकाय पर ब्याज	वार्षिक ब्याज	कुल निकासी	अंत शेष
	OP BAL	TOTAL SUB SCN	TOT RFD WDLs	ADJUSTMENTS	INT. ARRS	YRLY INTEREST	TOTAL WDLs	CLOSING BALANCE
	120402	5000				2790		128192

आयकर बचत एंड आर एल ऐ द्वारा की गई वसूली के अलावा I.T. Savings excluding recoveries made through IRLA							
विवरण Description	राशि Amount	स्थिति Status	कारण Reason				
NO outside IT Saving Found							



KUVEMPU UNIVERSITY
ಕುವೆಂಪು ವಿಶ್ವವಿದ್ಯಾಲಯ
DISTANCE EDUCATION



PROVISIONAL PASS CERTIFICATE

ಉತ್ತೀರ್ಣದ ತಾತ್ಕಾಲಿಕ ಪ್ರಮಾಣ ಪತ್ರ

This is to certify that **MANJUNATHA D R**

has passed **M. A. [ECONOMICS]** Degree Examination
of this University held during **OCT / NOV 2016** with Register
No. **EC454011** and obtained **FIRST CLASS**

He/She is eligible for the award of
Degree at the next Convocation.

Centre Code : **5382**

Date : **04/06/2017**

Sl.No. DDE **127592**

Registrar (Evaluation)

NOTE : THIS PROVISIONAL CERTIFICATE IS VALID TILL DEGREE CERTIFICATE IS ISSUED.



ಕುವೆಂಪು ವಿಶ್ವವಿದ್ಯಾಲಯ KUVEMPU UNIVERSITY

DIRECTORATE OF DISTANCE EDUCATION

ದೂರ ಶಿಕ್ಷಣ ನಿರ್ದೇಶನಾಲಯ

STATEMENT OF MARKS

Sl. No. **DDE / AB 322994**

I YEAR M. A. [ECONOMICS] EXAMINATION
OCT / NOV 2015

Office of the University
JNANA SAHYADRI
SHANKARAGHATTA - 577451



Register Number

EC454011

Name : MANJUNATHA D R

Subject / Paper		Theory / Practical		I.A./Iva		Total		Remarks
		Max.	Sec.	Max.	Sec.	Max.	Sec.	
MICRO ECONOMIC THEORY	Th.	080	040	020	018	100	058	Pass
DEVELOPMENT ECONOMICS	Th.	080	044	020	017	100	061	Pass
QUANTITATIVE METHODS FOR ECONOMISTS	Th.	080	053	020	019	100	072	Pass
AGRICULTURAL ECONOMICS - I	Th.	080	050	020	017	100	067	Pass

Grand Total

0400 0258

PASS

PASSING CRITERIA : Minimum marks for Passing to be obtained in each Paper and in the aggregate shall be 40% of the total marks.

TWO HUNDRED FIFTY EIGHT

Total marks secured :
(in words)



Date : 12/05/2016

[5382]

Shyama

Registrar (Evaluation)

SI. No. DDE / AC 142750

ಕುವೆಂಪು ವಿಶ್ವವಿದ್ಯಾಲಯ
ದೂರ ಶಿಕ್ಷಣ

KUVEMPU UNIVERSITY

DISTANCE EDUCATION

STATEMENT OF MARKS

Office of the University
JNANA SAHYADRI
SHANKARAGHATTA - 577451II YEAR M. A. [ECONOMICS] EXAMINATION
OCT / NOV 2016

Register Number

EC454011

Name: MANJUNATHA D R

Subject / Paper		Theory / Practical		I.A./Viva		Total		Remarks
		Max.	Sec.	Max.	Sec.	Max.	Sec.	
MACRO ECONOMIC THEORY	Th.	080	040	020	019	100	059	Pass
INTERNATIONAL ECONOMICS	Th.	080	050	020	017	100	067	Pass
INDIAN ECONOMICS	Th.	080	048	020	014	100	062	Pass
AGRICULTURAL ECONOMICS-II	Th.	080	048	020	019	100	067	Pass
Current exam total						0400	0255	
Previous exam total						0400	0258	
Grand Total						0800	0513	1ST CLASS

PASSING CRITERIA : Minimum marks for Passing to be obtained in each Paper and in the aggregate shall be 40% of the total marks.

Total marks secured : FIVE HUNDRED THIRTEEN
(in words)

Date : 01/04/2017

[5382]



Registrar (Evaluation)



DISTANCE EDUCATION

ವಿಶ್ವವಿದ್ಯಾಲಯದ ಕುಲಾಧಿಪತಿ, ಸಮಕುಲಾಧಿಪತಿ, ಕುಲಪತಿ,
We, the Chancellor, the Pro-Chancellor, the Vice-Chancellor,
 ವಿದ್ಯಾವಿಷಯಕ ಪರಿಷತ್ತು ಮತ್ತು ಸಿಂಡಿಕೇಟ್ ಸದಸ್ಯರಾದ ನಾವು
the members of the Academic Council and the Syndicate

Certify that

MANJUNATHA D R

ಇವರು ಯಥಾಯೋಗ್ಯವಾಗಿ ಈಗಾಗಲೇ ಪ್ರವೇಶ ಪಡೆದಿರುವರೆಂದು ದೃಢೀಕರಿಸುತ್ತ,
has been duly admitted to the Degree of

Bachelor of Arts

ಪದವಿಗೆ ಅಗತ್ಯವಾದ ಅರ್ಹತೆಗಳನ್ನುಳ್ಳವರೆಂದು ಪ್ರಮಾಣೀಕೃತವಾಗಿರುವುದರಿಂದ
in recognition of the fulfilment of requirements

೨೬ನೇ ಘಟಿಕೋತ್ಸವದಲ್ಲಿ ಸದರಿ ಪದವಿಗೆ ಇವರನ್ನು ಅಂಗೀಕರಿಸಲಾಗಿದೆ. ಪದವಿಯ ವಿವರಗಳು ಹೀಗಿವೆ:
for the said Degree at the 26th Convocation as indicated below:

ನೋಂದಣಿ ಸಂಖ್ಯೆ / Reg. No. : **AG154070**

ದರ್ಜೆ / ಗ್ರೇಡ್ Class / Grade : **Second Class**

ಪರೀಕ್ಷೆಯ ವರ್ಷ / Year of Examination : **Sep / Oct 2014**

ಘಟಿಕೋತ್ಸವ ದಿನಾಂಕ / Date of Convocation : **24th March 2016**



ವಿಶ್ವವಿದ್ಯಾಲಯದ ಮೊಹರಿನೊಂದಿಗೆ ನೀಡಲಾಗಿದೆ.

Given under the seal of the University.

Jnana Sahyadri, Shankaraghatta-577451
 Shivamogga District,
 Karnataka, India

Date of Issue : 09/02/2018

5382



Shankaraghatta

ಕುಲಪತಿ

Vice-Chancellor



ಕುವೆಂಪು ವಿಶ್ವವಿದ್ಯಾನಿಲಯ KUVEMPU UNIVERSITY

DIRECTORATE OF DISTANCE EDUCATION

ದೂರ ಶಿಕ್ಷಣ ನಿರ್ದೇಶನಾಲಯ

STATEMENT OF MARKS

Sl. No. **DDE / AB 102996** I YEAR B.A. EXAMINATION - OCTOBER 2012

Office of the University
JNANA SAHYADRI
SHANKARAGHATTA - 577451



Register Number

AG154070

Name : **MANJUNATHA D R**

Subject/Paper		Theory / Practical		I.A./Viva		Total		Remarks
		Max.	Sec.	Max.	Sec.	Max.	Sec.	
KANNADA	Th.	080	049	020	013	100	062	Pass
ENGLISH	Th.	080	049	020	016	100	065	Pass
HISTORY	Th.	080	043	020	015	100	058	Pass
ECONOMICS	Th.	080	052	020	016	100	068	Pass
POLITICAL SCIENCE	Th.	080	050	020	014	100	064	Pass
Subsidiary Subjects (not added to the total)								
ENVIRONMENTAL SCIENCE	Th.	080	036	020	015	100	051	Pass
Grand Total						0500	0317	PASS

PASSING CRITERIA : Minimum marks for Passing to be obtained in each paper and in the aggregate shall be 35% of the total marks.

THREE HUNDRED SEVENTEEN

Total marks secured :
(in words)

Date **04/05/2013**

[1]



Registrar (Evaluation)



ಕುವೆಂಪು ವಿಶ್ವವಿದ್ಯಾನಿಲಯ KUVEMPU UNIVERSITY

DIRECTORATE OF DISTANCE EDUCATION

ದೂರ ಶಿಕ್ಷಣ ನಿರ್ದೇಶನಾಲಯ

STATEMENT OF MARKS

Sl. No. DDE / AB 184300 II YEAR B.A. EXAMINATION - SEP / OCT 2013

Office of the University
JNANA SAHYADRI
SHANKARAGHATTA - 577451.



Register Number

AG154070

Name: MANJUNATHA D R

Subject/Paper		Theory / Practical		I.A./Viva		Total		Remarks
		Max.	Sec.	Max.	Sec.	Max.	Sec.	
KANNADA	Th.	080	048	020	014	100	062	Pass
ENGLISH	Th.	080	032	020	014	100	046	Pass
HISTORY	Th.	080	049	020	015	100	064	Pass
ECONOMICS	Th.	080	047	020	015	100	062	Pass
POLITICAL SCIENCE	Th.	080	033	020	013	100	046	Pass
Subsidiary Subjects (not added to the total)								
INDIAN CONSTITUTION	Th.	080	048	020	012	100	060	Pass
Grand Total							0500 0280	PASS

PASSING CRITERIA : Minimum marks for Passing to be obtained in each paper and in the aggregate shall be 35% of the total marks.

TWO HUNDRED EIGHTY ONLY

Total marks secured :
(in words)



[Signature]

Registrar (Evaluation)

Date 06/05/2014

[53821]



ಕುವೆಂಪು ವಿಶ್ವವಿದ್ಯಾನಿಲಯ KUVEMPU UNIVERSITY

DIRECTORATE OF DISTANCE EDUCATION

ದೂರ ಶಿಕ್ಷಣ ನಿರ್ದೇಶನಾಲಯ

STATEMENT OF MARKS

Sl. No. **DDE / AB 239860** III YEAR B.A. EXAMINATION - SEP / OCT 2014

Office of the University
JNANA SAHYADRI
SHANKARAGHATTA - 577451



Register Number

AG154070

Name: **MANJUNATHA D R**

Subject/Paper		Theory / Practical		I.A./Viva		Total		Remarks
		Max.	Sec.	Max.	Sec.	Max.	Sec.	
HISTORY-III (HISTORY & CULTURE OF KARNATAKA - 1336 TO 1956)	Th.	080	028	020	012	100	040	Pass
HISTORY-IV (HISTORY OF MODERN ASIA-1900-PRESENT-EAST & WEST)	Th.	080	035	020	013	100	048	Pass
HISTORY-V (HISTORY OF MODERN EUROPE - 1789 TO THE PRESENT)	Th.	080	041	020	016	100	057	Pass
ECONOMICS - III (INTERNATIONAL ECONOMICS)	Th.	080	050	020	016	100	066	Pass
ECONOMICS - IV (INDIAN ECONOMY)	Th.	080	050	020	016	100	066	Pass
ECONOMICS - V (DEVELOPMENT ECONOMICS)	Th.	080	041	020	017	100	058	Pass
POLITICAL SCIENCE - III (INDIAN CONSTITUTION & GOVT.)	Th.	080	047	020	014	100	061	Pass
POLITICAL SCIENCE - IV (PUBLIC ADMINISTRATION)	Th.	080	038	020	015	100	053	Pass
POLITICAL SCIENCE - V (INTERNATIONAL-NATIONAL RELNS)	Th.	080	043	020	014	100	057	Pass
Current exam total						0900	0506	
Previous exam total						1000	0597	

Grand Total

1900 1103 2ND CLASS

PASSING CRITERIA : Minimum marks for Passing to be obtained in each paper and in the aggregate shall be 35% of the total marks.

ONE THOUSAND ONE HUNDRED THREE

Total marks secured :
(in words)



Date **04/02/2015**

[5382]

[Signature]
Registrar (Evaluation)

संख्या

Serial No. C/XII Dec 07/ 193



सैन्य प्रशिक्षण महानिदेशालय

एम टी -15

Directorate General of Military Training

MT - 15

सेना मुख्यालय Army Headquarters

सीनियर स्कूल सर्टिफिकेट परीक्षा, दिसम्बर 2007 (कक्षा XII)

SENIOR SCHOOL CERTIFICATE EXAMINATION, DEC 2007(Class XII)

अनुक्रमांक

Roll No. SSC-7216

यह प्रमाणित किया जाता है कि आर्मी नं.

This is to certify that Army No. 15166247H

रैंक Rank : GNR

नाम Name : MANJU NATH DR

आत्मज श्री Son of : SHRI THIMMA REDDY

यूनिट Unit : 11 FD REGT

ने उप सेनाध्यक्ष (सू. प्र. एवं प्र.) के प्राधिकार में माह / वर्षमें आयोजित सीनियर स्कूल सर्टिफिकेट परीक्षा परीक्षा केंद्र से निम्नलिखित विषयों में उत्तीर्ण की ।

Passed the Senior School Certificate Examination held in the month/year Dec 2007 from Exam Centre HQ CENTRAL COMMAND HRDC

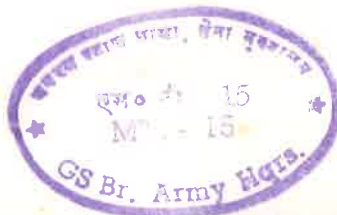
under the authority of the Deputy Chief of the Army staff (IS & T) in the following subjects :-

ENGLISH CORE
HINDI ELECTIVE
POLITICAL SCIENCE

HISTORY
GEOGRAPHY WITH PRAC.

Exam conducted by Dte of Army Edn

स्थान : नई दिल्ली
Station : New Delhi
दिनांक Date : 1 Jul 2008



निदेशक एम. टी. - 15

Director MT-15

कृत उप सेनाध्यक्ष (सू. प्र. एवं प्र.)

for Dy Chief of the Army Staff (IS & T)

* का चिह्न जिस विषय के आगे अंकित है, वह विषय परीक्षाओं में पूरक परीक्षा में उत्तीर्ण किया है ।

* against a subject indicates that the candidate passed in the subject at the Compartmental Examination.

सेन्ट्रल बोर्ड ऑफ सेकण्ड्री एजुकेशन के पत्र सं. Genl. /F. 94/174 dated 21/7/1978 के अनुसार सीनियर स्कूल सर्टिफिकेट परीक्षा के समतुल्य मान्यता प्राप्त ।

Recognized by the CBSE vide their letter No. Genl. /F.94/174 dated 21/7/1978 as equivalent to Senior School Certificate Examination.

क्र. संख्या

Serial No. MS/XII/DEC07/193



सैन्य प्रशिक्षण महानिदेशालय

एम टी - 15

Directorate General of Military Training

MT - 15

सेना मुख्यालय Army Headquarters

सीनियर स्कूल सर्टिफिकेट परीक्षा दिसम्बर 2007 (कक्षा XII)

SENIOR SCHOOL CERTIFICATE EXAMINATION DEC 2007 (Class XII)

अंक तालिका MARKS STATEMENT

अनुक्रमांक Roll No :SSC-7216

रैंक Rank : GNR

आर्मी नं Army No

: 15166247H

नाम Name

: MANJU NATH DR

पिता का नाम श्री Father's Name

: SHRI THIMMA REDDY

यूनिट Unit

: 11 FD REGT

परीक्षा केंद्र Exam Centre

: HQ CENTRAL COMMAND HRDC

क्र. सं. S. No	विषय Subject	पूर्णांक Max Marks	प्राप्तांक Marks Obtained				टिप्पणी Remarks
			लि. Th	प्र. Pr	योग अंक/ग्रेड Total Marks	योग शब्दों में Total in Words	
1.	English Core	100	33	xxx	33	THIRTY THREE	
2.	Hindi (Elective)	100	63	xxx	63	SIXTY THREE	
3.	Political Science	100	34	xxx	34	THIRTY FOUR	
4.	History	100	55	xxx	55	FIFTY FIVE	
5.	Geography Theory & Practical	70+30 =100	38	23	61	SIXTY ONE	
6.	Economics	100	xxx	xxx	xxx	xxx	

Note - Pass percentage in each subject : 33%

* Marks obtained in compartmental exam

परिणाम Result : PASS

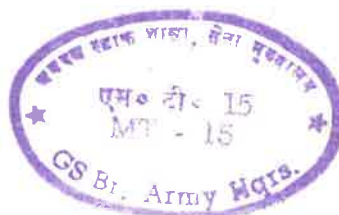
Exam conducted by Dte of Army Edn

स्थान : नई दिल्ली

Station: New Delhi

दिनांक : 30 मई 2008

Date : 30 May 2008



निदेशक एम. टी. - 15

Director MT-15

कृते उप सेनाध्यक्ष (सू. प्र. एवं प्र.)

for Dy Chief of Army Staff (IS & T)

सेनट्रल बोर्ड ऑफ सेकण्डरी एजुकेशन के पत्र सं. Genl. /F. 94/174 dated 21/7/1978 के अनुसार सीनियर स्कूल सर्टिफिकेट परीक्षा के समकक्ष मान्यता प्राप्त। Recognized by the CBSE vide their letter No. Genl. /F.94/174 dated 21/7/1978 as equivalent to Senior School Certificate Examination.

ಕರ್ನಾಟಕ ಪ್ರೌಢ ಶಿಕ್ಷಣ ಪರೀಕ್ಷಾ ಮಂಡಳಿ Karnataka Secondary Education Examination Board



ಪ್ರಮಾಣ ಪತ್ರ

CERTIFICATE

ಈ ಕೆಳಗೆ ನಮೂದಿಸಿದ ಅಭ್ಯರ್ಥಿಯು ಎಸ್.ಎಸ್.ಎಲ್.ಸಿ. ಪರೀಕ್ಷೆಯಲ್ಲಿ ಕೆಳಗಿನ ವಿವರಗಳೊಂದಿಗೆ ತೇರ್ಗಡೆಯಾಗಿದ್ದಾನೆ/ದ್ದಾಳೆ ಎಂದು ಪ್ರಮಾಣೀಕರಿಸಲಾಗಿದೆ.

This is to certify that the candidate mentioned below has PASSED S.S.L.C. Examination with the following details.

ನೋಂದಣಿ ಸಂಖ್ಯೆ Register No.	176033	ತಿಂಗಳು/ವರ್ಷ Month/Year	MAR-1998
-------------------------------	--------	---------------------------	----------

ಹೆಸರು
Name MANJUNATHA D R

ತಂದೆಯ ಹೆಸರು
Father's Name THIMMA REDDY

ಜನ್ಮ ದಿನಾಂಕ
Date of Birth 13/10/82 THIRTEENTH OCTOBER EIGHTYTWO

ಶಿಕ್ಷಣ ಮಾಧ್ಯಮ
Medium of Instruction KANNADA

ವಿಷಯಗಳು SUBJECTS	ಅಂಕಗಳು MARKS		ಪಡೆದ ಅಂಕಗಳು MARKS OBTAINED	ಪಡೆದ ದರ್ಜೆ (ಶ್ರೇಣಿ) CLASS OBTAINED
	ಗರಿಷ್ಠ MAX.	ಕನಿಷ್ಠ MIN.		
ಪ್ರಥಮ ಭಾಷೆ/FIRST LANGUAGE : KANNADA	125	44	095	<ul style="list-style-type: none"> * ಪ್ರಥಮ ದರ್ಜೆ : ಶೇ. 60 ಮತ್ತು ಅದಕ್ಕಿಂತ ಮೇಲ್ಪಟ್ಟು. * ದ್ವಿತೀಯ ದರ್ಜೆ : ಶೇ. 50, ಮತ್ತು ಮೇಲ್ಪಟ್ಟು ಶೇ. 60ರ ಒಳಗೆ. * ಒಂದೇ ಬಾರಿಗೆ ತೇರ್ಗಡೆ ಆದವರಿಗೆ ಮಾತ್ರ ದರ್ಜೆಯನ್ನು ಕೊಡಲಾಗುವುದು. ಪರೀಕ್ಷೆಯಲ್ಲಿ ಉತ್ತೀರ್ಣತೆ : ಪ್ರತಿ ವಿಷಯದಲ್ಲಿ ಕನಿಷ್ಠ ಶೇ.30 ಅಂಕಗಳು ಮತ್ತು ಒಟ್ಟಿನಲ್ಲಿ ಶೇ.35 ಅಂಕಗಳು. * FIRST CLASS : 60% AND ABOVE * SECOND CLASS : 50% AND ABOVE BUT BELOW 60% * CLASS IS DECLARED FOR THOSE WHO PASS IN FIRST ATTEMPT ONLY PASS IN EXAMINATION : 30% MIN. IN EACH SUBJECT AND 35% IN THE AGGREGATE
ದ್ವಿತೀಯ ಭಾಷೆ/SECOND LANGUAGE : ENGLISH	100	35	033	
ತೃತೀಯ ಭಾಷೆ/THIRD LANGUAGE : HINDI	100	35	058	
ಗಣಿತ / MATHEMATICS	100	35	049	
ವಿಜ್ಞಾನ / SCIENCE	100	35	041	
ಸಮಾಜ ವಿಜ್ಞಾನ / SOCIAL SCIENCE	100	35	041	
ಒಟ್ಟು ಅಂಕಗಳು/TOTAL	625	219	317	SECOND (50.72%) D107

ಪಡೆದ ಅಂಕಗಳು (ಅಕ್ಷರಗಳಲ್ಲಿ) THREE HUNDRED AND SEVENTEEN ONLY
TOTAL (in words)

ಶ.ರ. ಮಂಜುನಾಥ

ಅಭ್ಯರ್ಥಿಯ ಸಹಿ ಮತ್ತು ದಿನಾಂಕ 16-6-98
Signature of the Candidate with Date

ಮುಖ್ಯ ಶಿಕ್ಷಕರು

ಶಾಲೆಯ ಶಿಕ್ಷಕರ ಸಹಿ ಮತ್ತು ಶಾಲೆಯ ಸೆಲ್ ಮುದ್ರೆ ;
Signature of the Head of the Institution with the School Seal

ಕಾರ್ಯದರ್ಶಿಗಳು

ಕರ್ನಾಟಕ ಪ್ರೌಢಶಿಕ್ಷಣ ಪರೀಕ್ಷಾ ಮಂಡಳಿ
Secretary

Karnataka Secondary Education Examination Board

ಬೆಂಗಳೂರು
BANGALORE

ದಿನಾಂಕ
DATED 30/05/98

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	
Assistant Manager - Security		Bangalore	
Personal Information			
Full Name of the Applicant		Pancard Number	Aadhaar Number
MANJUNATHA D R		AIDPR73270	607052065193
Father's Full Name	THIMMARODDY	Date of Birth (DD/MM/YYYY)	
Husband Name	-	13/10/1982	
Gender (MALE/FEMALE)	MOBILE NUMBER	Nationality	Marital Status
MALE	9766566106	INDIAN	MARRIED
Personal Email ID		Official Email ID	
manjudr-1310@gmail.com			
Permanent Address		Period of stay	
A-213, DODDERI (VILL & PO) MADAKASIRA (TK), ANANTAPUR(DIST) ANDHRA PRADESH - 515321		From (Month/Year)	To (Month/Year)
		OCT 1982	Till Date
		Residence Mobile Number	Alternate Mobile number
		9456715466	
Pincode	515321		
State	AP		
Prominent Landmark	Near Doddabramma		
Nearest Police Station	Rolla Temple		

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	Name of the Course	
KOVEMPU UNIVERSITY	MASTER OF ARTS	12/05/2016	01/06/2017	MA (economics)	EC454011
Name of the College		Course Name / Specialization			
KOVEMPU UNIVERSITY		ECONOMICS			

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

☒ Marksheet ☒ Provisional Certificate ☐ Degree Certificate ☐ None

Name of the University	GRADUATION	Dates Attended		Qualification	ID /Roll No
		From	To	Gained	
		dd/mm/yy	dd/mm/yy	Name of the Course	
KUVEMPUR UNIVERSITY	Bachelor of Arts	04/05/2015	04/02/2015	BA	AG154070
Name of the College		Course Name / Specialization			
KUVEMPUR UNIVERSITY		BA			

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

☒ Marksheet
 ☐ Provisional Certificate
 ☒ Degree Certificate
 ☐ None

Name of the College	University / Board Name & Location	Dates Attended		Qualification	ID /Roll No
		From	To	Gained	
		dd/mm/yy	dd/mm/yy	Name of the Course	
12TH STANDARD					
Directorate General of Military Training	Senior school certificate Examination	2007	30/05/2008	Class - XII SSC	SSC-7216

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

☒ Marksheet

Name of the College	School / Board Name & Location	Dates Attended		Qualification	ID /Roll No
		From	To	Gained	
		dd/mm/yy	dd/mm/yy	Name of the Course	
10TH STANDARD					
Sri Ranganatha Rural High School	KSEEB	1997	30/05/1998	10 th	176033

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

☒ Marksheet

Employment History

Note: Please ensure that you are descriptive wherever necessary – e.g. If company has closed, do mention it. Employee Code/ ID/ Number is mandatory. If your previous employer did not provide one, please mention and state reasons for the same.

Name of the Employer -1 (Latest Employment)		Address of Employer	
INDIAN ARMY		11 MED REGT (ZOJILA)	
Telephone No	Employee Code/No	Designation	UAN Number
	151662A7H	Soldier	
Employment Period		Reporting Manager's Name	Reporting Manager's Contact No
From	To	commanding officer	Reporting Manager's Email ID
16/07/2003	31/07/2020		
Duties & Responsibilities		Reasons for leaving	
General Duty		completion of full service	
HR-Human Resource Contact Person Name & Contact Number		HR - Human Resource Contact Person Email ID	
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			
Last Salary drawn			
52,051	<input type="checkbox"/> Temporary <input type="checkbox"/> Contractual		
Please tick mark the documents submitted for this employment			
<input type="checkbox"/> Service Certificate <input checked="" type="checkbox"/> Relieving letter <input type="checkbox"/> Offer letter <input type="checkbox"/> Any Other (please specify)			
<input type="checkbox"/> None			

Employment History - Please attach a copy of your relieving letter/service certificate

Name of the Employer -2 (Ex-Employment)		Address of Employer	
Telephone No	Employee Code/No	Designation	UAN Number
Employment Period		Reporting Manager's Name	Reporting Manager's Contact No
From	To		Reporting Manager's Email ID
Duties & Responsibilities		Reasons for leaving	
HR-Human Resource Contact Person Name & Contact Number		HR - Human Resource Contact Person Email ID	
First Salary drawn	Was this Position <input type="checkbox"/> Permanent <input type="checkbox"/> Temporary <input type="checkbox"/> Contractual	Agency Details (if temporary or contractual), provide details	
Last Salary drawn			
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"/> Any Other			

భారత ఎన్నికల సంఘం
ELECTION COMMISSION OF INDIA

భారత ఎన్నికల సంఘం
ELECTION COMMISSION OF INDIA

AIL1199074

పేరు: మంజునాథ డి ఆర్ డి ఆర్
Name: Manjunatha D R D R
భార్య పేరు: మునాలి డి మథద మథద
Wife's Name: Monali D Mathad Mathad
లింగం / Gender: పురుషుడు / Male
పుట్టిన తేదీ / వయస్సు:
Date of Birth / Age: 13-10-1982

e-Electors Photo Identity Card - e-ఓటరు ఫోటో గుర్తింపు కార్డు

చిరునామా: 4-213 శ్రీరత్న, నియర్ దొడ్డేరమ్మ టెంపుల్, దొడ్డేరి, దొడ్డేరి, శ్రీ సత్య సాయి, ఆంధ్ర ప్రదేశ్- 515321
Address: 4-213 SRIRATNA, NEAR DODDERAMMA TEMPLE, DODDERI, DODDERI, SRI SATHYA SAI, ANDHRA PRADESH- 515321

ఓటరు నమోదు అధికారి, 156 - మడకశిర (ఎస్ సి)
Electoral Registration Officer, 156 - Madakasira (SC)

Download Date -: 29-06-2024

AIL1199074

1950 <https://ceoandhra.nic.in/>



Download Date -: 29-06-2024

ఎన్నికల తేదీ / Poll Date :

N.A

సమయము / Timings :

N.A

ఓటరు ఫోటో గుర్తింపు కార్డు సంఖ్య / EPIC No. : AIL1199074
క్రమసంఖ్య / Serial No. : 708
శాసనసభ నియోజకవర్గం సంఖ్య మరియు పేరు : 156-మడకశిర (ఎస్ సి)
Assembly Constituency No. and Name : 156-Madakasira (SC)
పార్టీ నంబర్ మరియు పేరు : 130-దొడ్డేరి
Part No. and Name : 130-DODDDERI
పోలింగ్ కేంద్రం చిరునామా : మండల పరిషత్ ప్రాథమిక పాఠశాల దొడ్డేరి
Polling Station Address : Mandala Parishath Primary School Dodderi

దయచేసి గమనించండి / Kindly note that

1. eEPIC అనేది ఎన్నికల ప్రయోజనం కోసం గుర్తింపు రుజువు.
2. EPICని కలిగి ఉన్నంత మాత్రాన ఓటర్ల జాబితాలో పేరు ఉంటుందని హామీ లేదు. దయచేసి ప్రతి ఎన్నికలకు ముందు ప్రస్తుత ఓటర్ల జాబితాలో మీ పేరును తనిఖీ చేయండి. దయచేసి www.voters.eci.gov.in ని సందర్శించండి
3. ఈ కార్డులో పేర్కొన్న పుట్టిన తేదీని ఎలక్టోరల్ రోల్‌లో నమోదు కాకుండా ఇతర ప్రయోజనాల కోసం వయస్సు లేదా పుట్టిన తేదీ రుజువుగా పరిగణించరాదు.
4. భారతదేశంలోని ఏ నియోజకవర్గానికైనా మీరు ఓటర్ల జాబితాలో నమోదు చేసుకునే వరకు eEPIC దేశవ్యాప్తంగా చెల్లుతుంది.
5. eEPIC ప్రామాణికమైన మరియు సురక్షితమైన QR కోడ్ రీడర్ అప్లికేషన్‌ని ఉపయోగించి ధృవీకరించబడవచ్చు.
6. ఇది ఎలక్ట్రానిక్‌గా రూపొందించబడిన పత్రం.

1. e-EPIC is a proof of identity for the purpose of an election.
2. Mere possession of EPIC is no guarantee of name being present in electoral roll. Please check your name in the current electoral roll before every election. Kindly visit www.voters.eci.gov.in
3. Date of birth mentioned in this card shall not be treated as proof of age or date of birth for any purpose other than registration in electoral roll.
4. eEPIC is valid throughout the country, till you are enrolled in electoral roll for any constituency in India.
5. eEPIC can be verified using authentic and secure QR code reader application.
6. This is electronically generated document.



आय.ए.एफ.वाय. - १२६४ (बदल)
IAFY - 1964 (Rev)

सेवा मुक्ति पुस्तिका आर्मी
DISCHARGE BOOK ARMY
(AUTH - AA SEC 23)



सत्यमेव जयते

सेवा निवृत्त सैनिक
EX - SERVICEMAN

**सम्मिलित सेवा मुक्ति पुस्तिका का प्रमाण पत्र
एवं सिविल नोकरी के लिए सैनिकों की सिफारशें**

COMBINED CERTIFICATE OF DISCHARGE & RECOMMENDATION FOR CIVIL EMPLOYMENT COMBATANTS

55. पेंशन भोगी तथा उसकी पत्नी का एकसाथ फोटो
Joint Photograph of Pensioner with wife



महेश कुमार शर्मा
(Manu Sharma)
कर्मल/Colonel
कमान ऑफिसर
Command Officer
११ मध्यम राजमन्ट (जोजिला)

56. पेंशन भोगी के साथ परिवार का संयुक्त फोटोग्राफ.
Joint Photograph of Pensioner with all dependents.

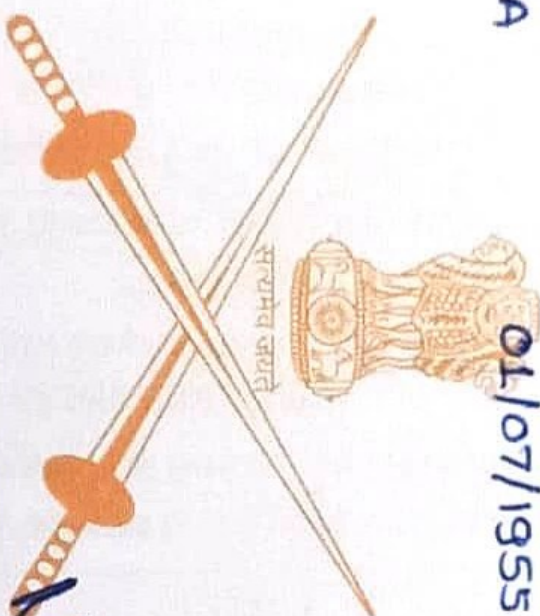


महेश कुमार शर्मा
(Manu Sharma)
कर्मल/Colonel
कमान ऑफिसर
Command Officer
११ मध्यम राजमन्ट (जोजिला)
11 Med Regt (ZOJILA)

विविध MISCELLANEOUS

25. परिवार के सदस्यों का सही Details of Family Members :

क्र. संख्या Sr.No.	नाम Name	जन्म की तारीख Date of Birth	संबंध Relationship	अभिज्ञ है या नहीं Whether dependent or not (Write 'Yes' or 'No')
1.	MONALI D MATPHAD	14/03/1985	WIFE	YES
2.	BADRI NARAYAN	06/04/2019	SON	YES
3.	RATNAMMA	01/07/1955	MOTHER	YES



(मनु शुक्ला)
(Manu Shukla)

कर्नल/Colonel
सैनिक का हस्ताक्षर
Signature of Soldier :

Manjivallu DR

Commanding Officer
(Signature of Issuing Authority)

11 Med Regt (ZOJILA)

