

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	:	<u>MONALI D MATHAD</u>
2. Address of Nominee	:	<u>#555, 1ST CROSS, 1A/5 MAIN BSK 1ST STAGE, BANGALORE - 560050</u>
3. Relationship with me	:	<u>SPOUSE</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	:	<u> </u>
2. Address of Guardian	:	<u> </u>
3. Relationship with Nominee	:	<u> </u>
4. Guardian's Signature	:	<u> </u>



(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/Divorced)	MARRIED
6.	(a) Email ID: (b) Mobile No.:	MANJUDR.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:	33131
b)	Previous PF Account Number:	
c)	Date of exit from previous employment: (DD/MM/YYYY)	
d)	Scheme Certificate No. (if issued)	
e)	Pension Payment Order (PPO) No. (if issued)	
10.	a) International Worker: b) If yes, state country of origin (India/Name of other country) c) Passport No. d) Validity of passport [(DD/MM/YYYY) to (DD/MM/YYYY)]	Yes / No — — —
11.	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	ATDPR 73278

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
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
 - **Please Tick the Appropriate Option:**
 - 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
- 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 DR, THIMMAREDDY
Name Father's / Husband's Name Surname2. Date of Birth: 13/10/1982 3. Account No. _____4. *Sex : MALE 5. Marital Status MARRIED6. 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
<u>MONALI D MATHAD</u>	<u>BANGALORE</u>	<u>SPouse</u>	<u>14/03/1985</u>	<u>60 %</u>	
<u>BADDINATH M</u>	<u>Bangalore</u>	<u>Son</u>	<u>06/01/2019</u>	<u>40 %</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)
01.	<u>MONALI D MATHAD BANGALORE</u>	<u>40 yrs</u>	<u>SPouse</u>
02	<u>BADDINATH M BANGALORE</u>	<u>06 yrs</u>	<u>Son</u>

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: Bangalore

Date: 04/12/2025

Signature: 

6. Marital Status Married (Whether married, widower or widower).

7. Date of Birth 13/10/1982

8. Permanent Address A-213, DODDERTI (VILL & PO)

MADAKASIRA (TALUK), ANANTAPUR (SRI SATYASAI) - DIST. AP - 515321

Singed at Pumkun this 04/15 day of Dec 2025 01

Signature of Member (Employee)

TWO WITNESSES TO THE SIGNATURE

Name

Address

Signature

1.

2.

Certified that the above appointment of Nominec 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

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

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
	BADDINATH. 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 (VILL & PO), MADAKASERA (TK)

House No.

Street Name

City

State ZIP Code

Home Phone:

9766566106

Alternate Phone:

9620266523

Present Address:

555, 1ST FLOOR, 1ST CROSS, 14TH MAIN

House No.

Street Name

City

State ZIP Code

Gender (M/F):

MALE

Mobile:

9766566106

Email:

manjudn.1310@gmail.com

Birth Date:

13/10/1982

Spouse's Name:

MONALE D MATHAD

Nationality:

INDIAN

Passport No.:

-

Expiry date:

-

Marital Status:

MARRIED

(Single/Married/Divorced/Widowed)

Blood Group:

A⁺ve

Emergency Contact Information

Full Name:

MONALE D MATHAD

First

Middle

Last

Address:

555, 1st FLOOR, 1st CROSS, 14th 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	50.92%
Graduation	KUVEMPU UNIVERSITY	2014 - 15	HISTORY, ECONOMICS, POLITICAL SCIENCE	58.05%
Post-Graduation	KUVEMPU UNIVERSITY	2015 - 17	MACRO ECONOMICS, INTERNATIONAL TRADE, INDIAN ECONOMICS	64.12%

Family Background

Relationship	Name	Occupation	Dependent or not
Father			
Mother	RATNAMMA	HOUSE WIFE	DEPENDENT
Spouse	MONALE 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 D.R. 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> 555, 1 st cross, 14 th main BSK, 1 st stage, Bangalore	<u>Spouse</u>	<u>40 yrs</u>	<u>60 %</u>
02	<u>Badrinath M I</u> 555, 1 st cross, 14 th main, BSK 1 st stage, Bangalore	<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:

1. Full Name..... Manjunatha D.R.
2. Sex Male 3. Religion Hindu
4. Father's Name ThimmaReddy
5. Husband's Name —
(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, 6th Floor, Incubate Workspaces, Brigade Promenade, Dasarahalli Main Road, Sector 4, Hobballa, Bengaluru, Karnataka - 560072, 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: T2015KA1993PLC013851

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

Healthium Medtech Limited

- (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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Registered Office: 472/D, 12th Cross, 2nd Phase, Peenya Industrial Area, Bengaluru, Karnataka - 560058 India | Tel: +91 80 4186 8000 | Email: care@healthiummedtech.com
www.healthiummedtech.com | CIN: U03311KA1992PLC013831

- 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.

Healthium Medtech Limited

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www.healthiummedtech.com | CIN: U03311KA1997PLC013831

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 : U03311KA1992PLC013831

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 Orosa
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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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.



SIGNED on behalf of **Healthium Medtech Ltd**

SIGNED by Employee



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

आयकर पैन सेवा इकाई, एस एस डी एस

5 वीं मंडिल, मंत्री स्टर्लिंग,

प्लॉट नं. 341, सर्वे नं. 997/8,

नॉर्डिस कालोनी, दीप बंगलॉ 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



VALID FOR THREE MONTHS FROM THE DATE OF ISSUE

D	D	M	M	Y	Y	Y

Pay

रुपये Rupees

या धारक को or Bearer

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 5722110021 343160 31



सं०/Service Number	15166247H	क्रम संख्या/Serial No. AP-01
नाम/Name	Manjunatha DR.	N ^o . 7065535
सेवानिवृत्ति के समय ईंक Rank at the time of retirement	GNR ARTILLERY	
रेजिमेंट/कोर/शाखा Regt/Corp/Branch	11 MED REGT (2011A)	
देव/Trade	GUNNER	
जन्मतिथि/Date of Birth	13-10-1982	
पिता का नाम/Father's Name	Thimma Reddy	
पता/Address	POODERI (PN) ROLLA (K) modakalire (T) 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 Date & Place of Issue	19-10-2020, Anantapur	
D.O.E - 16-07-2003		 मुख्यालय मोहर H.Q. STAMP
		जारीकर्ता अधिकारी हस्ताक्षर Signature of Issuing Officer

पहचान चिन्ह/Identification Mark **BLACK MOLE**
LEFT side NECK

बाएं अंगूठे का निशान/LHTI



धारक के हस्ताक्षर
Signature of the Holder

Cell No: 9766566106

K.D.F.
मुख्यालय मोहर
H.Q. STAMP

B.C.
KENDRIYA SAINIK BOARD
मुख्यालय अधिकारी हस्ताक्षर
Signature of Issuing Officer
19/10/2010

पहचान पत्र - भूतपूर्व सैनिक IDENTITY CARD - EX-SERVICEMEN



यह कार्ड अहस्तांतरणीय है और मांगने पर प्रस्तुत किया जाएगा।

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

याने वाला इसे केन्द्रीय सैनिक बोर्ड, रक्षा मंत्रालय, पश्चिम खण्ड-4, आर के पुरम, नई दिल्ली-110 066 को बिना टिकट लगा पत्र पैटी 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 1ST CROSS ROAD BSK 1ST STAGE BANASHANKARI BENGALURU - 560050.	Date Of Issue	:14-11-2025
		S/D/W/O	:
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	:	PPO 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)



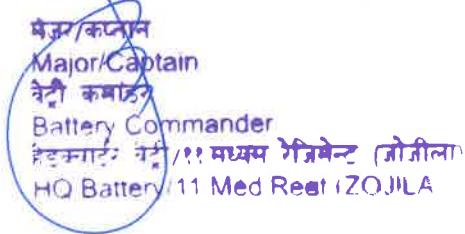
A handwritten signature in black ink, appearing to be 'MANJUNATHA D R', is written over the stamp.

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.	Keenness 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 befitting, 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

**COUNTERSIGNED**

PERSONAL PARTICULARS	नाम EMPLOYEE ID. 190070	नाम NAME MANJU NATH DR	पान PAN AIDPR7327Q															
	ग्रूप एवं श्रेष्ठी GP & CL : Y-1	केतन स्तर Pay Level : 4	सालांकरण तिथि DoE 16/07/2003															
	मर्यादित तिथि MUSTER DT 16/07/2004	केतन बुद्धितिथि NEXT INCR DT 01/07/2020	दोषांक तिथि SB DATE 03/07/2004															
	बैंक खाता नं. BANK ACNO *****2253	बैंक नाम BANK NAME STATE BANK OF INDIA	शाखा BRANCH *****															
	संसाधन एवं श्रेष्ठी 1st ACP ACPNK / 16072011	श्रमिक नाम 2nd ACP	तीसरा एवं श्रेष्ठी 3rd ACP															
	संसाधन एवं श्रेष्ठी 2nd ACP	तीसरा एवं श्रेष्ठी 3rd ACP	स्टेशन STATION *****															
	जन्म	CREDITS	₹															
	आविष्कार जन्म शेष पर बोनस बैंक देतन ग्रेड बैतन ग्रूप एवं बैतन बैंक बैतन परिवाहन भत्ता पर्वगाह भत्ता पी एवं एवं ए स्ल आर ए अवधारी भत्ता बैतन भत्ता क्रमांक क्रम स्लायोलन	OPENING BALANCE BONUS ON CR. BALANCE BAND PAY GRADE PAY GP-X PAY MS PAY CL PAY TPAL DA PMHA LRA RECURRING ALLOWANCES Arr/Rec of PAY & ALLOWANCES OTHER ADJUSTMENTS	₹ 0 0 35300 5200 450 1800 7191 90 733 3031 -207 4587	नाम DEBITS	₹													
	जन्म नाम	TOTAL CREDITS	58175	जन्म नाम TOTAL DEBITS	58175													
	बैंक में जन्म राशि	AMOUNT CREDITED TO BANK	49646	तिथि STATUS	EFFECTIVE													
अमांदाबाद के (Amount in Words) Rupees : Forty Nine Thousand Six Hundred Forty Six only.																		
ACR	अग्रदाय धारी रु.	दे. दि. स.	बैच	फला	प्रकृति	दे. पु. क्रमा	पुगतान तारीख	राशि	अग्रदाय धारी रु.	दे. दि. स.	बैच	फला	प्रकृति	दे. पु. क्रमा	पुगतान 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 DESCRIPTION	तारीख से DATE FROM	तारीख तक DATE TO	राशि AMOUNT	बैच एवं पृष्ठ संख्या BATCH & PAGE NO.	विवरण DESCRIPTION	तारीख से DATE FROM	तारीख तक DATE TO	राशि AMOUNT	बैच एवं पृष्ठ संख्या BATCH & PAGE NO.								
	आ. जी. शी. पोल्यूली PLI POL NO.	पु. तारीख MAT. DT.	बीमा कित्त PREMIUM	दस्तूरी राशि AMT REC.	आ. जी. शी. पोल्यूली PLI POL NO.	पु. तारीख MAT. DT.	बीमा कित्त PREMIUM	दस्तूरी राशि AMT REC.										
PLI	APS-455790-L	30/04/2027	670	670 ST 16	APS-482153-L	31/07/2027	335	335 ST 8										
	प्रकृति NAT	ऋण राशि LOAN AMT	स्वीकृत तारीख DATE OF PAYMENT	दस्तूर तारीख DATE OF RECOVERY	दर RATE	दस्तूर युत बन PRINC RECVOY	दस्तूर ब्याज INT RECVOY	अं. शेष युत CB PRNC	अं. शेष ब्याज CB INTEREST	प्रीट UNIT	कठवर संख्या VR.NO.							
ADVANCES	दस्तूर स्लायोलन यार्डी लिंगत नहीं के दैरेन की गई पेशी के भुगतान				ADVANCES PAID DURING THE MONTH INCLUDING PENDING ADJUSTMENT CLAIMS				दस्तूर स्लायोलन का यार्डी									
	पेशी का प्रकार ADVANCE TYPE				पेशी की राशि ADVANCE AMOUNT				पुगतान का यार्डी PAID MONTH									
DO II	क्र. सं. SI. NO.	प्रकार T-Type	विवरण Description	ओ. सी. OC	तारीख से FR DATE	तारीख तक TO DATE	टी. जे. रा TJRA	कु. रा. या LRA	दे. जा. सं DO2 No.	दिनांक Date	राशि Amount	बैतन के पर Rates of Pay Date 01/01/2020						
					वर Rate	कॉल-7A	कॉल-7B	कॉल-7C	संदर्भ REF DO2 No.	यूनिट Unit	रिजे REJ TYPE	बैतन मत्ता PAY / ALLC	₹					
	1)	D	RUMCIG		01/07/2017				0125	10/04/2020	4380							
					300	GRANTED	FIELD4			92B006			Band Pay	35300				
	2)	D	RUMCIG		19/09/2018				0131	12/04/2020			Grade Pay	0				
						CEASED							Go-X Pay	0				
										0/0125/030/2020	92B006		MS Pay	5200				
												CL Pay	450					
												TPAL	1800					
												DA	7191					
FUND	दस्तूर सेवा कर्तिक यार्डी निधि नाम : 0000000												AFPP FUND ACCOUNTS FOR THE MTH : 06/2020					
	आविष्कार OP BAL	कुल यार्डी TOTAL SUB SCN	आहरण का प्रति TOT RFD WDLS	संग्रहालय ADJUSTMENTS	व्यापार यार्डी INT. ARRS	वार्षिक यार्डी YRLY INTEREST	कुल निकाली TOTAL WDLS	जंत यार्डी CLOSING BALANCE										
	115402	5000																
आपका बक्ट ऐ आर एवं ग्राह की गई दस्तूरी के अलावा													I.T. Savings excluding recoveries made through IRLA					
विवरण Description						राशि Amount	प्रकृति Status						कारण Reason					
NO outside IT Saving Found																		
* 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) प्रब्रता की राशि को नाम सिखने के बाद को भेजी गयी अंतर्लेख है।
- 2) सेवा विवरणी की प्राप्ति की तारीख से वो भौतिकों की अवधि तक यदि वैतन सेवा कार्यालय से कोई पूछ ताउ अवश्य प्रसन्न प्राप्त नहीं होता है यह शाना जाएगा कि संबंधित व्यक्ति अपने सेवा से संतुष्ट है।
- 3) आपकर यात्रिक तौर पर बहुत किया जाएगा। वैतन वित्त में न दिखाने वाले अवैद अलग से की गई बचत का विवरण तुरंत पी. ए. औ. को सूचित किया जाना चाहिए।
- 4) वित्त अविनियम सं २. २००८ की धरा २०८ अप्रैल ०१. ०५. २०१० से कर्वाचोरी को अनिवार्य दूर से अपना ऐन नं देना होगा।
- 5) यदि कर्वाचोरी अपना ऐन नं आपकर करने कामे प्राप्तिकरी को देने में विषम होते हैं तो उत्तु प्राप्तिकरी आपकर अविनियम के अन्वर्गत उच्चतर दरों से टी. ई. एस. कर्टेंगे। अतः कृपया तुरंत पी. ए. औ. को ऐन नं सूचित करें।
- 6) देना कार्बनक यदिय सिवाय में व्यापार्य या अपिदान विकास भौतिकों की कसूरी से संबंधित है।
- 7) 'जन्म' के अवैत्र 'आवर्णी भर्तों' भर्तों के योग की प्रतिविवित करते हैं वित्तमें वैतन के दर' के अवैतन व्यापार्य गए वैतन के घटकों को अनिवार्य नहीं किया गया है।
- 8) 'जन्म' के अवैत्र 'अन्य समाचारण' यहाँ के वैतन सेवाकरण याना घटकों में समायोजित राशि के योग को प्रतिविवित करते हैं।

SERVICE DTLs	हिन्द संख्या	एक एवं नाम							पैन													
	ARMY No.	15166247H	RANK & NAME	ACPNK MANJU NATH DR			PAN	AIDPR7327Q														
	CATG	GNRGD	ग्रूप एवं श्रेणी	Y-1			वेतन स्तर	जन्म तिथि														
	मर्मी तिथि		GP & CL :	Pay Level : 4			BIRTH DT	13/10/1982														
	ENROLL DT	16/07/2003	सार्वजनिक तिथि	ATTST DT	03/07/2004			मर्टिरिंग तिथि	NEXT INCR DT 01/07/2021													
	स्थायी रैक		स्थायी रैक तिथि	SB DATE	03/07/2004			कर्यवालक रैक	कर्यवालक रैक तिथि													
ACCOUNTS AT A GLANCE	SB RANK	SEP	बैंक का नाम	PARANK	PA DATE 16/07/2011			शाखा	स्टेशन													
	BANK ACNO	11635992253	BANK NAME	STATE BANK OF INDIA			BRANCH	COMMERCIAL BRANCH SECUNER(SBIN00040 STATION 31)				SECUNDERABAD										
	पहला ऐसेपी		दूसरा ऐसेपी	3rd ACP				तीसरा ऐसेपी														
	1st ACP	ACPNK / 16072011	2nd ACP																			
	जमा	CREDITS			₹	DEBITS						₹										
	आदि शेष	OPENING BALANCE			0	आदि शेष	OPENING BALANCE															
ACR	जमा शेष पर बोनस	BONUS ON CR. BALANCE			0	ए प्र० ए पी निवि अभियान	AFPP FUND SUBSCRIPTION															
	इंड वेतन	BAND PAY			36400	इंड ए प्र० ए पी निवि अभियान	AFPP FUND REFUND															
	ग्रेड वेतन	GRADE PAY			0	ए जी आई एफ	AGIF															
	ग्रूप एक्स वेतन	GP-X PAY			5200	इंड एवं जमा	PLI															
	एम एस वेतन	MS PAY			450	प्रतिवार आवंटन घानादेश	LOANS & ADVANCES															
	बैंग वेतन	CL PAY			1800	मुगतान फंडी	FAMO															
ADJ & CB	पर्मान भत्ता	TPAL			7378	इंटिकेटिंग	ACQUITTANCE ROLLS															
	हॉमगाइ भत्ता	DA			90	आयक शिक्षा उपकर	E-TICKETING															
	पी एन एवं ए	PMHA			733	जमा शेष निर्मुक्त किया गया	INCOME TAX / EC															
	एल आर ए	LRA			57	वेतन भत्ता वसूली	CREDIT BALANCE RELEASED															
	आवत्ती भत्ते	RECURRING ALLOWANCES			-57	वेतन भत्ता वसूली	AMOUNT CREDITED TO BANK															
	वेतन भत्ता बकाया	Arr/Rec of PAY & ALLOWANCES			370965	अन्य स्थायोजन	R/O PAY & ALLOWANCES															
PLI	अन्य स्थायोजन	OTHER ADJUSTMENTS			423016	कल जमा	OTHER ADJUSTMENTS															
	TOTAL CREDITS						TOTAL DEBITS															
							CLOSING CREDIT BALANCE															
							423016															
	STATUS						EFFECTIVE															
	अग्रवाय धारी सु.	वे. वि. स	बैच	पना	पक्षति	वे. पु क्षा	मुगतान तारीख	राशि	अग्रवाय धारी सु.	वे. वि. स	बैच	पना	पक्षति	वे. पु क्षा	मुगतान तारीख	राशि						
LOAN	IMP NO.	ACR NO.	BATCH	PAGE	NAT	PBSN	DT. PAYMENT	AMOUNT	IMP NO.	ACR NO.	BATCH	PAGE	NAT	PBSN	DT. PAYMENT	AMOUNT						
	विवरण			तारीख से		तारीख तक		राशि	विवरण			तारीख से		तारीख तक		राशि						
	DESCRIPTION			DATE FROM		DATE TO		AMOUNT	DESCRIPTION			DATE FROM		DATE TO		AMOUNT						
	A M SCCIA			01/10/09		31/10/09		-2300 CR.	A M TPL			01/10/09		31/10/09		-508 CR.						
	A S DRESAL			01/07/20		30/06/21		10000 CR.														
	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.							
ADVANCES	NAT	LOAN AMT	DATE OF PAYMENT		द्यासुल तारीख		दर	RATE	वसूल मूल धन PRINC RECOVY	वसूल ब्याज INT RECVY	वसूल ब्याज CB PRNC	अं. शेष मूल धन CB INTEREST	अं. शेष ब्याज CB INTEREST	यूनिट UNIT	कउवर संख्या VR.NO.							
	बकाया समायोजन दावों सहित नहीं के दैरान की गई पेशी के भुगतान						ADVANCES PAID DURING THE MONTH INCLUDING PENDING ADJUSTMENT CLAIMS						भुगतान का महीना									
	पेशी का प्रकार						पेशी की राशि						PAID MONTH									
	ADVANCE TYPE						ADVANCE AMOUNT															
	SI. No.	T- Type	विवरण	ओ. सी	तारीख से	तारीख तक	वे. जे रा	कु. रा भा	दं आ सं	दिनांक	राशि	प्राप्त अंतिम वेतन										
					दर Rate	कॉलम COL-7A	कॉलम COL-7B	कॉलम COL-7C	संदर्भ REF DO2 No	यूनिट Unit	रिजे REJ TYPE	Last Pay Drawn Date 01/07/2020										
DO II	11	S	INCR		01/07/2020				0/6666/666/2020	01/07/2020			वेतन भत्ता									
									73F011				PAY / ALLC									
	21	S	HRA		01/07/2020		0	0	0/0073/027/2020	13/01/2020			Band Pay									
									0/0073/027/2020	73F011			Grade Pay									
	31	D	ENCFIN		31/07/2020				1/2329/008/2020	07/07/2020			Go-X Pay									
									1/0409/011/2020	73D002			MS Pay									
FUND													CL Pay									
													TPAL									
													DA									
													PMIIA									
													LRA									
													RUMCIG									
प्राप्त रेता का विवरण						प्राप्त रेता का विवरण						प्राप्त रेता का विवरण										
OP BAL						TOTAL SUB SCN						TOT RFD WDLS										
120402						5000						ADJUSTMENTS										
						INT. ARRS						YRLY INTEREST										
						NO outside IT Saving Found						TOTAL WDLS										
												CLOSING BALANCE										



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.



ಕರ್ನಾಟಕ 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./Viva		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]

Signature
Registrar (Evaluation)

Sl. No. DDE / AC 142750

ಕುವೆಂಪು ವಿಶ್ವವಿದ್ಯಾಲಯ
ದೂರ ಶಿಕ್ಷಣ
STATEMENT OF MARKS



KUVEMPU UNIVERSITY
DISTANCE EDUCATION

Office of the University
JNANA SAHYADRI
SHANKARAGHATTA - 577451



II 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 : 01/09/2017 [5382]

Registrar (Evaluation)



DISTANCE EDUCATION

ವಿಶ್ವವಿದ್ಯಾಲಯದ ಕುಲಾಧಿಪತಿ, ಸಮಕುಲಾಧಿಪತಿ, ಕುಲಪತಿ,

We, the Chancellor, the Pro-Chancellor, the Vice-Chancellor,

ವಿದ್ಯಾವಿಷಯಕ ಪರಿಷತ್ತು ಮತ್ತು ಸಂಧಿಕೇಣ ಸದಸ್ಯರಾದ ನಾವು

the members of the Academic Council and the Syndicate

Certify that

MANJUNATHA D R

ಇವರು ಯಥಾಯೋಗ್ಯವಾಗಿ ಈಗಾಗಲೇ ಪ್ರವೇಶ ಪಡೆದಿರುವರೆಂದು ದೃಢೀಕರಿಸುತ್ತು,

has been duly admitted to the Degree of

Bachelor of Arts

ಪದವಿಗೆ ಅಗತ್ಯವಾದ ಅರ್ಹತೆಗಳನ್ನು ಲ್ಯಾಪರೆಂದು ಪ್ರಮಾಣೀಕೃತವಾಗಿರುವುದರಿಂದ

in recognition of the fulfilment of requirements

ಒಂದೇ ಫಟಕೋತ್ಸವದಲ್ಲಿ ಸದರಂ ಪದವಿಗೆ ಇವರನ್ನು ಅಂಗೀಕರಿಸಲಾಗಿದೆ. ಪದವಿಯ ವಿವರಗಳು ಹೀಗಿವೆ:

for the said Degree at the 26th Convocation as indicated below:

ನೋಂದಣಿ ಸಂಖ್ಯೆ / Reg. No. : AG154070

ದಜೆನ್ / ಗ್ರೇಡ್ Class / Grade : Second Class

ಪರೀಕ್ಷೆಯ ವರ್ಷ / Year of Examination : Sep / Oct 2014

ಫಟಕೋತ್ಸವ ದಿನಾಂಕ / Date of Convocation : 24th March 2016

ವಿಶ್ವವಿದ್ಯಾಲಯದ ಮೊಹರಿನೋಂದಿಗೆ ನೀಡಲಾಗಿದೆ.

Given under the seal of the University.



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

Date of Issue : 09/02/2018

5382



T. Shankar

ಕುಲಪತಿ

Vice-Chancellor



ಕುವೆಂಪು ವಿಶ್ವವಿದ್ಯಾನಿಲಯ KUVEMPU UNIVERSITY

DIRECTORATE OF DISTANCE EDUCATION

ದೂರ ಶಿಕ್ಷಣ ನಿರ್ದೇಶನಾಲಯ

STATEMENT OF MARKS

SI. 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
<i>Subsidiary Subjects (not added to the total)</i>								
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]

Re: Jm
Registrar (Evaluation)



ಕರ್ನಾಟಕ ವಿಶ್ವವಿದ್ಯಾಲಯ KUVEMPU UNIVERSITY

DIRECTORATE OF DISTANCE EDUCATION

ದೂರ ಶಿಕ್ಷಣ ನಿರ್ದೇಶನಾಲಯ

STATEMENT OF MARKS

II YEAR B. A. EXAMINATION - SEP / OCT 2013

Sl. No. DDE / AB 184300



Office of the University
JNANA SAHYADRI
SHANKARAGHATTA - 577451.



10027

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)

Date 06/05/2014

[5382]

Rehm
Registrar (Evaluation)

ಕುವೆಂಪು ವಿಶ್ವವಿದ್ಯಾನಿಲಯ KUVEMPU UNIVERSITY

DIRECTORATE OF DISTANCE EDUCATION

ದೂರ ಶಿಕ್ಷಣ ನಿರ್ದೇಶನಾಲಯ

STATEMENT OF MARKS

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



Office of the University
JNANA SAHYADRI
SHANKARAGHATTA - 577451



10091

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]

Re: M
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

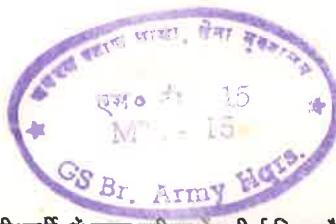
under the authority of the Deputy Chief of the Army staff (IS & T) in the following subjects :-

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 परीक्षार्थी ने पूरक परीक्षा में उत्तीर्ण किया है ।

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

सेन्ट्रल बोर्ड ऑफ सेकंडरी एज्यूकेशन के पत्र सं. Genl. /F. 94/174 dated 21/7/1978 के अनुसार सीनियर स्कूल सार्टिफिकेट परीक्षा के समर्थन 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.



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	प्रै. 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)

सेन्ट्रल बोर्ड ऑफ सेकंडरी स्कूलेशन 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 ಪ್ರಾಂತ್ಯ ಶಿಕ್ಷಣ ವಿಭಾಗ ಪರೀಕ್ಷೆ ಮಂದಿರ
Karnataka Secondary Education Examination Board



ಪ್ರಮಾಣ ಪತ್ರ

CERTIFICATE

ಈ ಕೆಳಗೆ ನಮುದಿಸಿದ ಅಭಿರ್ದಿಯು ಎಸ್.ಎಸ್.ಎಲ್.ಎಂ. ಪರೀಕ್ಷೆಯಲ್ಲಿ ಕೆಳಗಿನ ವಿವರಗಳೊಂದಿಗೆ
ತೇಗೆದೆಯಾಗಿದ್ದಾನೆ/ದ್ದಾಳೆ ಎಂದು ಪ್ರಮಾಣೇಕರಿಸಲಾಗಿದೆ.

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

ಮೊಂದಣ 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 ಮಾಡುವ Medium of Instruction	KANNADA		

ವಿಷಯಗಳು SUBJECTS	ಅಂಕಗಳು MARKS		ಪಡೆದ ಅಂಕಗಳು MARKS OBTAINED	ಪಡೆದ ದಜ್ಞ (ಶ್ರೇಣಿ) CLASS OBTAINED
	ಗರಿಜ MAX.	ಕಮಿ MIN.		
ಸ್ಥಾವರ ಭಾಷೆ/FIRST LANGUAGE : KANNADA	125	44	095	
ದ್ವಿತೀಯ ಭಾಷೆ/SECOND LANGUAGE : ENGLISH	100	35	033	<p>★ ಸ್ಥಾವರ ದಜ್ಞ : ₹. 60 ಮತ್ತು ಅಡ್ಡಿತ ಮೇಲ್ಮೈ, ★ ದ್ವಿತೀಯ ದಜ್ಞ : ₹. 50, ಮತ್ತು ಸುಲಭ ಮೇಲ್ಮೈ ₹. 60 ರಿಂದ. ★ ಒಂದು ದಾರ್ಶಿ ತೇಗೆದೆಯರೆ ಪಾರ್ಪಿ ಮತ್ತು ದ್ವಿತೀಯ ಕೆಡರಾಷ್ಟು, ಪರೀಕ್ಷೆಯಲ್ಲಿ ಉತ್ತೀರ್ಣತೆ :</p> <p>ಕ್ರಿ. ಪ್ರಾಯದಲ್ಲಿ ಕ್ರಿ. 30 ರಿಂದ ಮತ್ತು ಪ್ರತಿಧಿ. 35 ಅಂತರ.</p>
ತೃತೀಯ ಭಾಷೆ/THIRD LANGUAGE : HINDI	100	35	058	<p>★ 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</p>
ಗಣತ / 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 (ಅಕ್ರಂತಾರ್ಥ) THREE HUNDRED AND SEVENTEEN ONLY
TOTAL (in words)

D. R. ಮಂಜುನಾಥ

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

D. R. MANJUNATH

ಶಾಲೆಯ ಮುಖ್ಯ ನಾಯಕ ಸಂಸ್ಥೆಯ ಶಾಲಾ ಮಾರ್ಗದರ್ಶಕ ;
Signature of the Head of the Institution with the School Seal

ಕಾರ್ಯದರ್ಶಿಗಳು
ಕರ್ನಾಟಕ ಪ್ರಾಂತ್ಯ ಶಿಕ್ಷಣ ಪರೀಕ್ಷೆ ಮಂದಿರ

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	
<i>Assistant manager - Security</i>		<i>Bangalore</i>	
Personal Information			
Full Name of the Applicant		Pancard Number	Aadhaar Number
<i>MANJUNATHA D R</i>		<i>AIDPR73278</i>	<i>607052065193</i>
Father's Full Name	<i>THIMMAROODY</i>	Date of Birth (DD/MM/YYYY)	
Husband Name	<i>-</i>	<i>13/10/1982</i>	
Gender (MALE/FEMALE)	MOBILE NUMBER	Nationality	Marital Status
<i>MALE</i>	<i>9766566106</i>	<i>INDIAN</i>	<i>MARRIED</i>
Personal Email ID		Official Email ID	
<i>manjudr.1310@gmail.com</i>			
Permanent Address		Period of stay	
<i>4-213, DODDERI (VILL & PO) MADAKASIRA (TK), ANANTAPUR(DIST) ANDHRA PRADESH - 515321</i>		From (Month/Year)	To (Month/Year)
		<i>OCT 1982</i>	<i>Till Date</i>
		Residence Mobile Number	Alternate Mobile number
Pincode	<i>515321</i>	<i>9456715466</i>	
State	<i>AP</i>		
Prominent Landmark	<i>Near Dodderi Anna Temple</i>		
Nearest Police Station	<i>Rolla</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>KUVEMPU UNIVERSITY</i>	<i>MASTER OF ARTS</i>	<i>12/05/2016</i>	<i>01/06/2017</i>	<i>MA (Economics)</i>	<i>ECAS54011</i>
Name of the College		Course Name / Specialization			
<i>KUVEMPU UNIVERSITY</i>		<i>ECONOMICS</i>			

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

Marksheets

Provisional Certificate

Degree Certificate

None

Name of the University	GRADUATION	Dates Attended		Qualification Gained Name of the Course	ID /Roll No
		From	To		
		dd/mm/yy	dd/mm/yy		
KUVRMPU UNIVERSITY	Bachelor of Arts	04/05/2013	04/02/2015	BA	AG154070
Name of the College		Course Name / Specialization			
KUVRMPU UNIVERSITY		BA			
Please tick mark the documents submitted for this qualification along with this form					
<input checked="" type="checkbox"/> Marksheets <input type="checkbox"/> Provisional Certificate <input checked="" type="checkbox"/> Degree Certificate <input type="checkbox"/> None					
Name of the College	University / Board Name & Location	Dates Attended		Qualification Gained Name of the Course	ID /Roll No
		From	To		
		dd/mm/yy	dd/mm/yy		
12TH STANDARD	Directorate General of Military Training -	Senior school certificate examination	2007	30/05/2008	class - XII SSC
Please tick mark the documents submitted for this qualification along with this form					
<input checked="" type="checkbox"/> Marksheets					
Name of the College	School / Board Name & Location	Dates Attended		Qualification Gained Name of the Course	ID /Roll No
		From	To		
		dd/mm/yy	dd/mm/yy		
10TH STANDARD	Sri Ranganatha Rural High School	KSEEB	1997	30/05/1998	10 th 15 176033
Please tick mark the documents submitted for this qualification along with this form					
<input checked="" type="checkbox"/> Marksheets					

Employment History

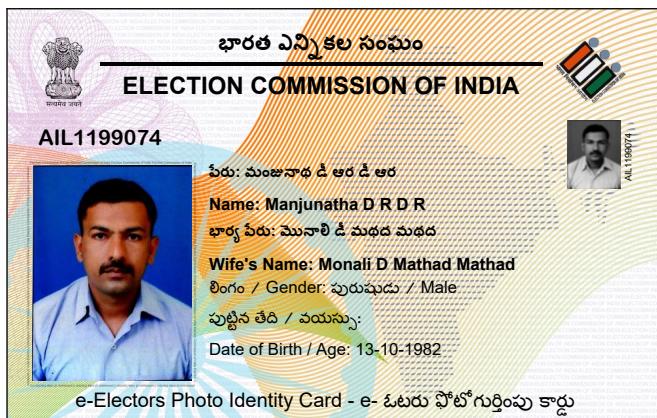
Note: Please ensure that you are descriptive wherever necessary – e.g. If company has closed, do mention it. Employee Code/ ID/ Number is mandatory. If your previous employer did not provide one, please mention and state reasons for the same.

Name of the Employer -1 (Latest Employment)		Address of Employer	
INDIAN ARMY		11 MED REGT (ZOJILA)	
Telephone No	Employee Code/No	Designation	UAN Number
	151662474	Soldier	
Employment Period		Reporting Manager's Name	Reporting Manager's Contact No
From	To		Reporting Manager's Email ID
16/07/2003	31/07/2020	Commanding Officer	
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 3250		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 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



ఒట్టు పోటోగుర్తింపు కార్డు సంఖ్య / EPIC No. : **AIL1199074**
క్రమసంఖ్య / Serial No. : **708**
శాసనసభ నియోజకవర్గం సంఖ్య మరియు పేరు : **156-మదకశిర (ఎన్ సి)**
Assembly Constituency No. and Name : **156-Madakasira (SC)**
పార్ట్ సంబం మరియు పేరు : **130-డోడ్డరి**
Part No. and Name : **130-DODDERI**
పోలింగ్ కెంట్రం చిరునామా : **మండల పరిషత్ ప్రాథమిక పారశాల డోడ్డరి**
Polling Station Address : **Mandala Parishath Primary School Dodderi**

Download Date -: 29-06-2024
ఎన్నికల తేదీ / Poll Date :

N.A
సమయము / Timings :
N.A

దయచేసి గమనించండి / Kindly note that

1. eEPIC అనేది ఎన్నికల ప్రయోజనం కోసం గుర్తింపు రుజువు.
2. EPICని కలిగి ఉన్నంత మాత్రాన ఒట్టు జాబితాలో పేరు ఉంటుందని హామీ లేదు. దయచేసి ప్రతి ఎన్నికలకు ముందు ప్రస్తుత ఒట్టు జాబితాలో మీ పేరును తనిటి చేయండి.
3. ఈ కార్డులో పేర్కొన్న పుట్టిన తేదీని ఎలక్టోరల్ రేల్స్ నమోదు కాకుండా ఇతర ప్రయోజనాల కోసం వయస్సు లేదా పుట్టిన తేదీ రుజువుగా పరిగణించరాదు.
4. భారతదేశంలోని ఏ నియోజకవర్గానికైనా మీరు ఒట్టు జాబితాలో నమోదు చేసుకునే వరకు eEPIC దేశవ్యాప్తంగా చెల్లుతుంది.
5. eEPIC ప్రామాణికమైన మరియు సురక్షితమైన QR కోడ్ రిడర్ అప్లికేషన్‌ని ఉపయోగించి ధృవీకరించబడవచ్చు.
6. ఇది ఎలక్టోరిక్ 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)

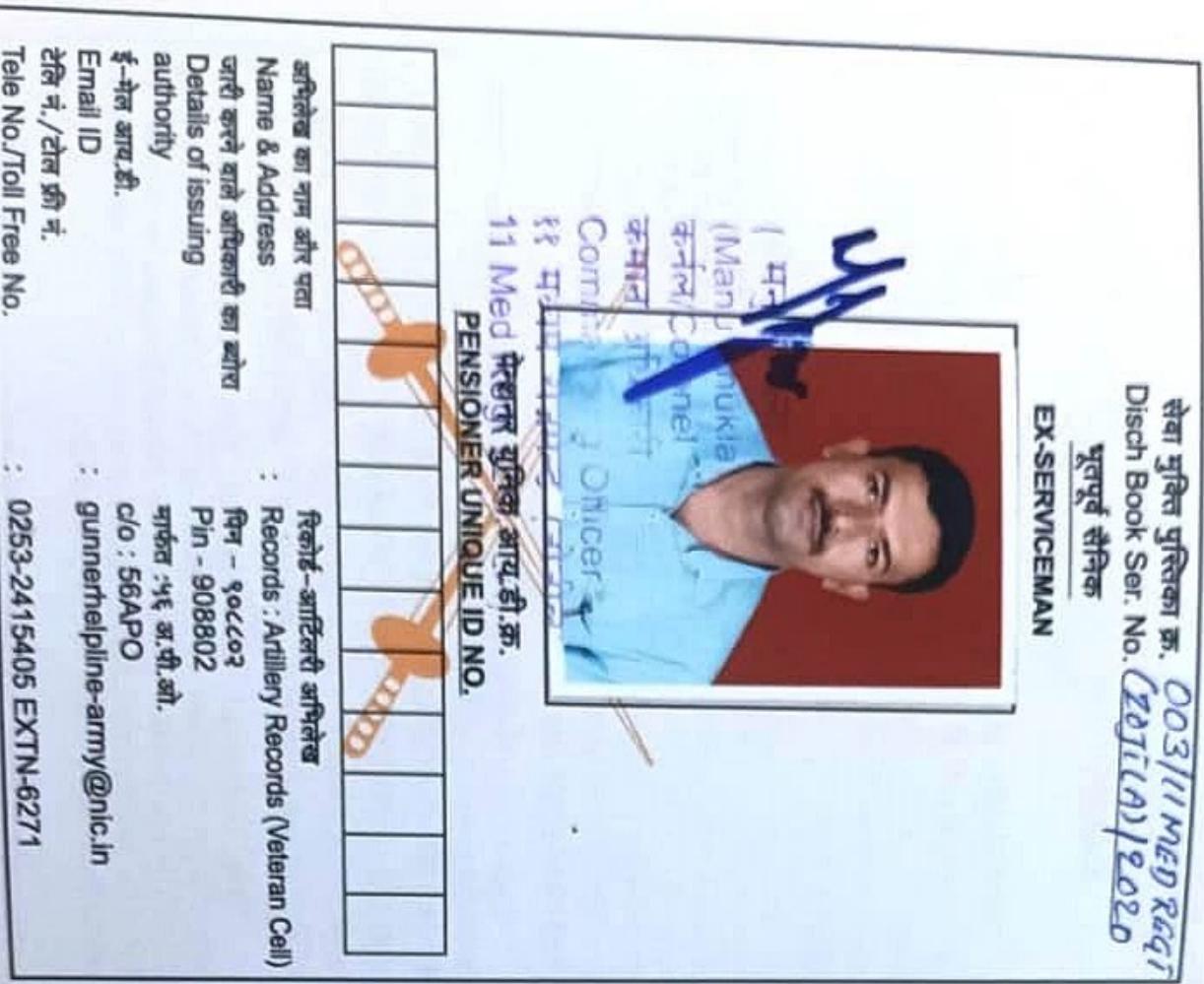
सेवा मुक्ति पुस्तिका आर्मी
DISCHARGE BOOK ARMY
(AUTH - AA SEC 23)



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



ISSUED IDENTITY CARD
F100117065535 OR 1911012018

ARTICULARS
192571

ARTICULARS
192571

PERSONAL / SERVICE PARTICULARS

1. आमी नं.
Army No. : 15166247H

Rank : GNR

3. पुरा नाम (साफ अक्षर में)
Name in full
(Rough Capital)

4. पिता नाम (साफ अक्षरों में)

Father's Name
In Full

5. धर्म Religion

6. जाति Caste

7. अनुसूचित जाति/अनुसूचित जनजाति के हैं

8. जन्म की तारीख

Date of Birth

अधिकारी का नाम और पता : रिकोर्ड-आर्टिलरी अधिकारी
 Name & Address : Records : Artillery Records (Veteran Cell)
 जारी करने वाले अधिकारी का व्योग : पिन - ९०८८०२
 Details of issuing authority : Pin - 908802
 ई-मेल आयडी : नार्केट : ५६ अ.पी.ओ.
 Email ID : c/o : 56APO
 टेलि. नं./टोल फ्री नं. : gunner@helpline-army@nic.in
 Tele No./Toll Free No. : 0253-2415405 EXTN-6271

55. पेंशन भोगी तथा उसकी पत्नी का एकसाथ फोटो

Joint Photograph of Pensioner with wife



56. पेंशन भोगी के साथ परिवार का संयुक्त फोटोग्राफ़.

Joint Photograph of Pensioner with all dependents.



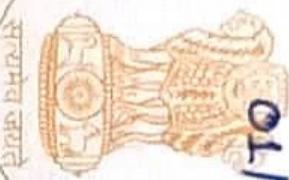
11 Med Regt (ZOJILA)

विविध MISCELLANEOUS

नाम. यारिचार के लादस्तो का वारीय Details of Family Members :

क्र. संख्या
Sl. No.नाम
Nameजन्म की तारीख
Date of Birthसंबंध
Relationshipआविस है या नहीं
Whether dependent or not
(Write 'Yes' or 'No')

1. MONALI D MATRAJAD 14/03/1985 WIFE YES
2. BADRI NARAYAN 06/04/2019 SON YES
3. RATNAMMA 01/07/1955 MOTHER YES



सत्यमेव जयते

(मनु शुक्ला)

(Manu Shukla)

कर्नल/Colonel

सैनिक का हस्ताक्षर

Signature of Soldier:

कमान रुक्मिणी

DR

ManuShukla DR

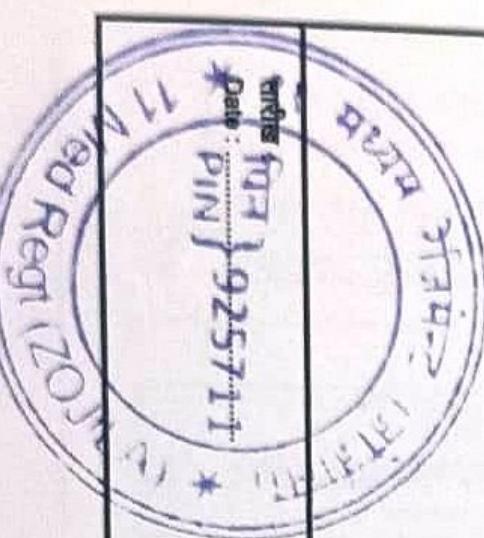
Comm.

Officer

(Signature of Issuing Authority)

११ मेडिकल रेजिमेंट (जोड़ीला)

11 Med Regt (ZOJILA)

पात्र
Date:
PIN