

November 2, 2021

Mohammed Rafi P

Dear Mohammed Rafi P

This has reference to your application and the subsequent interviews you had with us. We are pleased to offer you a position of **CODER** Omega Healthcare Management Services Pvt Ltd, on the following terms and conditions:

- O1. You will draw a Basic Salary of Rs 14,470.00/- (Rupees Fourteen Thousand Four Hundred Seventy Only) per month. In addition to this, you will be paid HRA of Rs. 7,235.00/- (Rupees Seven Thousand Two Hundred Thirty Five Only) and Statutory Bonus of Rs. 1,447.00/- (Rupees One Thousand Four Hundred Fourty Seven only) per month as other allowances.
- 02. You will be entitled to Leave, Gratuity, P.F., Medical Insurance & Personal Accident Insurance, etc. in accordance with the Law / Company Policy from time to time.
- 03. Depending on your performance and the company's requirement, your employment can be extended on completion of 6 months.
- Your place of posting will be at Bengaluru and you will report for duty on 3 November 2021 at 8.30 AM.
- **05.** This letter of offer is subject to completing other joining formalities as specified in **Annexure-2** and on completion a detailed appointment letter will be given.

Kindly sign the duplicate copy of this letter as a token of your acceptance to the above terms and conditions.

Thanking you,

Yours faithfully,

For Omega Healthcare Management Services Pvt. Limited.

Vikram Kumar N

Talent Acquisition



Salary Components	Amount - Monthly	Amount - Yearly
Basic	14,470.00	173,640.00
House Rent Allowance	7,235.00	86,820.00
Advance Statutory Bonus	1,447.00	17,364.00
Special Allowance	1,048.00	12,576.00
Fixed Cash (Gross)	24,200.00	290,400.00
PF	1,800.00	21,600.00
Medical Insurance	125.00	1,500.00
Gratuity	696.00	8,352.00
Group Term Life Insurance	100.00	1,200.00
Total Benifits	2,721.00	32,652.00
Total Cost PA (CTC)		323,052.00

Authorized by

Vikram Kumar N

Talent Acquisition

Regd. Office: 33, NAL Wind Tunnel Road, Murugeshpalya, Bengaluru - 560 017. P: +91 80 4155 7333

US Office: 2424, North Federal Highway, Suite #205, Boca Raton, Florida 33431.

E: mail2omega@omegahms.com

www.omegahms.com



Annexure - 2

Welcome to Omega family!

To enable us to have your complete personal information, ensuring legal compliance and processing of salary and other reimbursements, you will be required to complete the following formalities on your joining at Omega Healthcare.

- 1. Application for Employment Form Company Joining Report
- Provident Fund Declaration / Nomination form PF Form 2 & Form No 11-EPFO Declaration form
 (This needs to be filled in by every employee as he / she need to nominate persons(s)
 who would receive the
 - Provident Fund amount standing to his/ her credit in the unfortunate event of his / her Death).
- 3. Gratuity Nomination Form F.
 - (To be filled in by all employees wherein they should nominate the persons and the percentage of Gratuity Payable to
 - such person in the unfortunate event of death of the employee)
- 4. Medical Insurance form (above 21K Gross salary) / ESIC-Employees State Insurance Scheme (Below 21 K Gross) (as applicable)
- 5. NDA form Non-Disclosure Security Agreement form.
- 6. Group Term Life Insurance Nomination Form
- 7. ID Card Application form, Transport Request form (Admin forms) & User ID IT request form
- Any other forms, as applicable. Salary Account opening if there is no Existing Bank account - Any Existing Bank Active Account

FOLLOWING DOCUMENTS TO BE SUBMITTED MANDATORILY ON YOUR JOINING:

- A. Relieving letter/ Experience Service certificate from your previous employer.
- B. Copy of last 3 months pay slips
- C. Copies of all Educational certificates & Copy of Offer
- D. Recent Passport size photograph Colour Photo with good clarity & good resolution is only accepted
- E. Self-ID Proof (PAN Card/Passport/ Driving License/Voter's ID/ Ration Card/College ID)
- F. Residence Proof Permanent & Temporary/Present address proof (Passport /Driving License/ Voter's ID / Ration Card/ Mobile Bill or Telephone Bill / LIC Policy / BANK Passbook/ Electricity Bill/Gas Bill/Water Bill/Rental Agreement- (Letter from owner or Self Declaration letter required if it's not in your name)
- G. Copy of PAN Card / Acknowledgement copy of PAN Application
- H. Copy of AADHAR Card is Mandatory
- I. Need to be aware of PF Number, UAN, PAN number, Aadhar number, Parents DOB

Omega Healthcare Management Services Private Limited

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details, if married Spouse DOB details & Date of marriage and Physical standards i.e.

(Blood Group, Height, Weight – details only required for filling the application form or nominee forms. Proof/Document is not required)

J. Existing Bank account details - Any Bank Active account for Salary - Personalized Bank cheque or Bank Statement

Our attendance cycle runs from 21st of month to the 20th of the next month. If the salary account is not opened & activated before 10th of the month, then the salary for that month would be delayed thereby causing inconvenience to the employee. A delay in disbursement of salary may also occur if the Joining Reports / Documents are incomplete. Thus, we request to please fill in all the Joining forms completely accurately and submit Mandatory documents

We at HR look forward to providing you with the best of services at all times. We welcome you once again and wish you all the best for a successful career at Omega.

PLEASE NOTE: YOU ARE EXPECTED TO COME IN FORMAL DRESS ON DOJ

HR Team