

Ref.No: **24-7 Intouch India Private Limited/HYD-GAR/10/23-24/0420**

Date: **24-7 Intouch India Private Limited/HYD-GAR/10/23-24/0420**

Dear Baljyot Singh Surjeet

Sub: **Letter of Offer**

Congratulations and Welcome to 24-7 Intouch India Private Limited, (Formerly known as Knoah Solutions Private Limited) We are pleased to extend the Offer of Employment and will be delighted to have you as part of our Team.

Employment Offer Terms & Conditions:

Your business title will be **“eSupport Officer”** with Organization Band **“S”** and Sub-band **S - 1**

1. Your annual Total Cost to the Company will be **381313/- PA (Three Lakhs Eighty One Thousand Three Hundred Thirteen Only)** at the time of appointment. For a detailed TCC break-up and other additional Benefits, please refer to Annexure E.
2. Joining Details
 - Work Location : **“HYD-GAR”**
 - Date of Joining: **October 25, 2023.**
3. You shall be required to provide the Company all documents and information as set forth in **Annexure I** of this Offer of Employment.
4. 24-7 Intouch operates 7 days a week, 24 hours a day. You will be expected to attend office as assigned to you. As a Full-time employee, you will be eligible for 2 weekly offs, any two days of the week based on business operations.
5. If any information furnished by you is found to be incorrect or false pertaining to your resume/application for employment or during the selection process or at any time during your employment, and/or if you have suppressed material information regarding your qualification and experience, the clauses pertaining to notice period in the terms of employment will cease and services shall be terminated with immediate effect.
6. The Company has the discretion to conduct background verification if and when required, or as mandated by the Program/Client/Management.

Sincerely,

For 24-7 Intouch India Pvt Ltd.



Suresh Kumar Yalamanchili
Manager, Human Resources

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Candidate Signature

ANNEXURE – E

24-7 Intouch Total Reward Statement

| | | |
|-------------------|---|------------------------------|
| Name | : | Balijot Singh Surjeet |
| Band | : | S |
| Sub Band | : | S - 1 |
| Department | : | |

We are pleased to provide you with the below 24-7 Intouch Total Rewards Statement for the fiscal period 2022-23. In addition to the compensation you receive 24-7 Intouch provides you with a competitive benefits package.

| A. Gross Salary | P.A (INR) | P.M (INR) |
|---|------------------|------------------|
| Basic | 186170 | 15514 |
| HRA | 74468 | 6206 |
| Medical | 15000 | 1250 |
| Adv. Statutory Bonus | 37234 | 3103 |
| Conveyance Allowance | 0 | 0 |
| Customer Engagement Allowance | 37128 | 3094 |
| Sub Total A. Gross Salary | 350000 | 29167 |
| B. Social Security Benefits | | |
| PF Employer | 22340 | 1862 |
| ESIC Employer | 0 | 0 |
| Gratuity | 8973 | 748 |
| Sub Total B. Total Contributions Social Security | 31313 | 2609 |
| Total Cost to Company (INR) (A+B) (Rounded off) | 381313 | 31776 |

Note: Below are statutory Employee Contributions:

- Employee contribution of 12% on Basic Salary towards Provident Fund (PF) monthly.
- ESIC contribution of 0.75% of Gross Salary per month wherever applicable

DOJ

Candidate Signature

| Employee Benefit | Description | Benefit Details | | | | | | | | | | | | | | | | | | |
|--|--|--|------|----------|-----------------|---|--------------------------|------|---|--------------------------|-------------------------------|---|----------------------|-------------------------------|---|----------------------|-------------------------------|---|---------|-------------------------------|
| EMPLOYEE PERFORMANCE LINKED INCENTIVE PROGRAM | Employees under Band 'S' in Operations will be covered under performance linked incentive based on the eligibility defined by respective Program/Account | <p>Performance linked incentive is program specific and as defined by the Client</p> <p>Incentive Programs may not apply across every Program</p> | | | | | | | | | | | | | | | | | | |
| GROUP MEDICAL INSURANCE | Employees who are not covered under ESIC Act are eligible to avail this benefit | <p>Employees will require to contribute 50% of the premium amount towards the Group Medical Insurance Scheme. This benefit is applicable in the event of in-patient hospitalization for a minimum of 24 hours.</p> <p>Insurance Provider: ICICI Lombard Coverage Details basis Organization Band:</p> <table> <tr> <th>Band</th><th>Coverage</th><th>Members Covered</th></tr> <tr> <td>S</td><td>200000</td><td>Self</td></tr> <tr> <td>T</td><td>300000</td><td>Self, Spouse and Two Children</td></tr> <tr> <td>B</td><td>400000</td><td>Self, Spouse and Two Children</td></tr> <tr> <td>I</td><td>500000</td><td>Self, Spouse and Two Children</td></tr> <tr> <td>E</td><td>500000</td><td>Self, Spouse and Two Children</td></tr> </table> | Band | Coverage | Members Covered | S | 200000 | Self | T | 300000 | Self, Spouse and Two Children | B | 400000 | Self, Spouse and Two Children | I | 500000 | Self, Spouse and Two Children | E | 500000 | Self, Spouse and Two Children |
| Band | Coverage | Members Covered | | | | | | | | | | | | | | | | | | |
| S | 200000 | Self | | | | | | | | | | | | | | | | | | |
| T | 300000 | Self, Spouse and Two Children | | | | | | | | | | | | | | | | | | |
| B | 400000 | Self, Spouse and Two Children | | | | | | | | | | | | | | | | | | |
| I | 500000 | Self, Spouse and Two Children | | | | | | | | | | | | | | | | | | |
| E | 500000 | Self, Spouse and Two Children | | | | | | | | | | | | | | | | | | |
| GROUP PERSONAL ACCIDENT INSURANCE | All employees are covered under this scheme | <p>Employees will require to contribute 50% of the premium amount towards the Group Personal Accident Insurance Scheme</p> <p>Insurance Provider: ICICI Lombard Coverage Details basis Organization Band:</p> <table> <tr> <th>Band</th><th>Coverage</th><th>Members Covered</th></tr> <tr> <td>S</td><td>500000</td><td>Self</td></tr> <tr> <td>T</td><td>700000</td><td>Self</td></tr> <tr> <td>B</td><td>900000</td><td>Self</td></tr> <tr> <td>I</td><td>1200000</td><td>Self</td></tr> <tr> <td>E</td><td>1200000</td><td>Self</td></tr> </table> | Band | Coverage | Members Covered | S | 500000 | Self | T | 700000 | Self | B | 900000 | Self | I | 1200000 | Self | E | 1200000 | Self |
| Band | Coverage | Members Covered | | | | | | | | | | | | | | | | | | |
| S | 500000 | Self | | | | | | | | | | | | | | | | | | |
| T | 700000 | Self | | | | | | | | | | | | | | | | | | |
| B | 900000 | Self | | | | | | | | | | | | | | | | | | |
| I | 1200000 | Self | | | | | | | | | | | | | | | | | | |
| E | 1200000 | Self | | | | | | | | | | | | | | | | | | |
| GROUP TERM LIFE INSURANCE | All employees are covered under this scheme | <p>Employees will require to contribute 75% of the premium amount towards Group Term Life Insurance scheme which covers risk against sudden demise of self (Employee)</p> <p>Insurance Provider: Exide Life Insurance Co. Ltd. Coverage Details basis Organization Band:</p> <table> <tr> <th>Band</th><th>Coverage</th><th>Members Covered</th></tr> <tr> <td>T</td><td>1.25 times of Annual CTC</td><td>Self</td></tr> <tr> <td>B</td><td>1.25 times of Annual CTC</td><td>Self</td></tr> <tr> <td>I</td><td>1 time of Annual CTC</td><td>Self</td></tr> <tr> <td>E</td><td>1 time of Annual CTC</td><td>Self</td></tr> </table> | Band | Coverage | Members Covered | T | 1.25 times of Annual CTC | Self | B | 1.25 times of Annual CTC | Self | I | 1 time of Annual CTC | Self | E | 1 time of Annual CTC | Self | | | |
| Band | Coverage | Members Covered | | | | | | | | | | | | | | | | | | |
| T | 1.25 times of Annual CTC | Self | | | | | | | | | | | | | | | | | | |
| B | 1.25 times of Annual CTC | Self | | | | | | | | | | | | | | | | | | |
| I | 1 time of Annual CTC | Self | | | | | | | | | | | | | | | | | | |
| E | 1 time of Annual CTC | Self | | | | | | | | | | | | | | | | | | |
| WORKMEN | Inclusion: All Active employees | Employee will require to contribute 50% of the premium | | | | | | | | | | | | | | | | | | |

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Candidate Signature

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| COMPENSATION SCHEME | are covered under this scheme Exclusion: Inactive employees i.e. Employees separated from the organization are exempt and not covered | amount towards Workmen Compensation Scheme. Insurance Company: Tata AIG Insurance <ul style="list-style-type: none"> No of Members covered: Only Self Coverage: Accidental coverage while on duty as per the definition of the Act |
| STATUTORY SOCIAL SECURITY BENEFITS | Social Security Benefits coverage | <ul style="list-style-type: none"> Provident Fund: It is a contributory scheme, where employer contribution is 12% of the basic salary and same will be contributed by the employee month on month Gratuity: Would be paid as per Gratuity Act to employees on resignation, superannuation, retirement, and demise upon the completion of 5 continuous years of service from the date of joining. ESI: Employee(s) with monthly salary less than INR 21,000 qualifies for ESI where Employee contribution is @ 0.75% and Employer is @ 3.25% of the Gross Salary |
| EMPLOYEE WELLBEING PROGRAMS | Applicable to all employees | <ul style="list-style-type: none"> Employee Assistance Program (AAP): Counseling services to ensure emotional wellbeing of the employee Employee Health Care Program (AHCP): To assist and educate employees on health-related challenges Vaccination Program: Specific Immunization against seasonal diseases on an annual basis. Employee(s) participating in the scheme have to contribute 100% toward the cost of vaccination program |
| LEAVE | Covers Active Employees | <ul style="list-style-type: none"> Earned Leave: 24 working days per annum Maternity Leave: Maximum of 26 weeks, in accordance with the provisions of the Maternity Benefit Act 1961. Paternity Leave: 3 working days paid Paternity Leave Bereavement Leave: 3 working days paid leave |

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Candidate Signature