

### **Instructions For Filling the Joining Documents**

1. Before filling up the forms ,you are advised to carefully go through the Sample format Which is shown below.
2. Please ensure to update all your personal details accurately : Full Name as per Aadhar Card, DOB,Permanent Address along with pincode, Postal / Present Address along with pincode.
3. Mention your family details as specified below:  
Married : Wife / Husband , Kids details.  
Unmarried : Parents Details.
4. Update the educational details as specified ( If there is any gap kindly ensure to mention the reason and gap duration )
5. Update all the Employment details ( If there is any gap kindly ensure to mention the reason and gap duration )
6. Update the reference details as specified.
7. Enter the Nominee details, If you are declaring 1 member show the contribution as 100 % in case if you are dividing it to 2 / 3 members make sure the overall % should be 100.  
(Don't enter your sibling details for Nominee).
8. Please mention all the highlighted details appropriately.
9. All the documents are mandatory to be filled.  
( like Voluntary Night shift form etc.)
10. Mention DOJ as per Onboarding Email.

**All the above mentioned list are mandatory.**

Please affix  
your  
passport size  
photo here

### CANDIDATE APPLICATION FORM

01. Please legibly complete the form in your handwriting  
02. Please mark the correct option

	Name in Full (in BLOCK Letters)	Araya Kumar JK ..... First Name Middle Name Last Name			
	Father's /Spouse Name	TY YGYBHB .....			
	PAN Card number	SFG09875	Aadhar Card No	567823459876	
	PF No	HYK4567889	UAN No	11234567890	
	Passport No		Valid Till	DD/MM/YYYY	
	Address	Permanent Address		Address for Communication	
		Permanet or Home Address		Postal / Mailing Address	
		.....		.....	
		.....		.....	
	Landline:.....		Mobile No. ....		
Email: .....					
Birth Detail	Date of Birth: DD/MM/YYYY	Age: XX	Place of Birth : Bangalore		
	Nationality: ASDFC	Gender: Male <input type="checkbox"/> Female <input type="checkbox"/>			
Marital Status	Yes: <input type="checkbox"/>		No: <input type="checkbox"/>		

Bank Details	Bank Name: UGFC	IFSC Code: UGFC00986
	A/C No: 6743892	Branch Address: IJIJFGCC

Personal Email Address	1. abcd@gmail.com
	2. xyz@gmail.com

.....  
Candidate's Signature & Date

### CANDIDATE APPLICATION FORM

Relationship	Name	Age	Date of Birth (DD/MM/YYYY)	Occupation
Wife	Ramya	XX	DD/MM/YYYY	Housewife
Child 1	Raja	X	DD/MM/YYYY	Studying
Child 2	Rani	X	DD/MM/YYYY	Studying

	School/ University	Area of Specialization	Year Passing	Total Percentage Or Rating
10th Standard	SMS		2007	67%
12 <sup>th</sup> Standard	BCC	PCMB	2009	74%
Graduation	VTU	CS	2013	82%
Post Graduation	RNS	CS	2015	70%
Other Certification				
Gaps in Education (if any)	Please Mention If any Gap			

Organization	From	To	Duration In months	Designation	Reason for Separation
THGFD	0000	0000	1 years	Ufghdrrbvj	Huivugfb
FHUNV	0000	0000	3 years	Bvifusgggfgv	Vnuehwuifh
Gaps in Employment (if any)	Please Mention If any Gap				

.....  
Candidate's Signature & Date

List two professional references				
S No.	Name & Address	Occupation	Email	Mobile
1.	Yefuyagfy	Tgvcsvcvs	sdgv@gmail.com	76xxxxxxx
2.	Rhcsycysgcyg	Qcjkjbj	cbhbcc@gmail.com	87xxxxxxx
Do you know anyone working at Legato at Present? (If Yes, please list them below)				
S No.	Name & Address	Function	Designation	Relationship

I understand and acknowledge that submission of information and documents in this application form does not constitute any form of relationship, employment or otherwise, with Legato.

I hereby declare and represent that all the contents of my resume, testimonials, references, previous employment details and other information furnished in this application form are true and accurate. If any of the above particulars are found at any time to be incorrect or misleading in any way, Legato shall have the right to terminate any possible employment for misconduct, without the requirement of providing me any notice or compensation in lieu thereof.

### **CANDIDATE APPLICATION FORM**

—	Have you applied for a role at Legato previously: Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please provide details:
	Are you employed as Director in any company: Yes <input type="checkbox"/> No <input type="checkbox"/> Partner in any company: Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please provide details
	How did you come to know about the current job opening? Provide details Consultant <input type="checkbox"/> Employee Referral <input type="checkbox"/> Job Posting <input type="checkbox"/>

.....  
Candidate's Signature & Date



**To whomsoever it may concern**

I hereby authorize **Legato** to verify the information and/or documents mentioned in my application form, either from an outside background screening agency and/or directly, which includes my current/previous employment history, educational/professional credentials and my criminal/address background check at any time. I understand and acknowledge that any possible employment with Legato is conditional upon the satisfactory background checks conducted on me at any time.

I understand, agree and consent that Legato and/or the outside background screening agency may contact and obtain appropriate information from different sources as per the details mentioned in my application form submitted to Legato, which includes employment history from my current/previous employer, educational/professional credentials to be checked from school/college/university/autonomous institute and my criminal/address background check from civil/credit violations records in compliance with applicable law.

I understand and agree that the outside background screening agency respectively reserve the rights to obtain appropriate information / documents from any individual, corporation or any confidential information deemed necessary to check my credentials and furnish the same to Legato hereunder and I expressly consent to the same.

I unconditionally release Legato and all concerned parties hereunder from all liabilities that might arise as a result of my background verification check and also do not hold responsible, any individual, corporation or private and public entity as a consequence of this check.

I also authorize release of this information to Legato / the outside background screening agency in original, fax or photocopy form as deemed necessary and authenticate the validity of the same.

.....  
**Candidate's Signature & Date**

**FORM-I****NOMINATION AND DECLARATION FORM**  
(See rule 3)

1 Name of person making nomination (in block letters)	Araya Kumar J K
2 Father's/Husband's Name	Ftfuygbib
3 Date of Birth	DD/MM/YYYY
4 Sex	M
5 Marital Status	Married
6 Permanent Address	Home Address
7 Temporary Address	Postal / Mailing Address

Name of the nominee/nominees	Address	Nominee's relationship with the member	Date of Birth	Total amount of share of accumulations in credit to be paid to each nominee	If the nominee is minor, name, relationship and address of the guardian who may receive the amount during the minority of nominee.
(1)	(2)	(3)	(4)	(5)	(6)
Ramya	Home Address	Wife	DD/MM/YYYY	100%	

1 Certified that I have no family and should I acquire a family hereafter, the above nomination shall be deemed as cancelled.

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

3 \*Strike out whichever is not applicable.

Signature or the thumb impression of the employed person

### **CERTIFICATE BY EMPLOYER**

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

for Legato Health Technologies LLP

Authorized Signatory

Signature of the employer or other authorized  
officer of the establishment and Designation

M/s. Legato Health Technologies LLP

Place:  
Date :

Name and Address of the  
Factory/Establishment and rubber stamp  
thereof.



(revised)

FORM – 2

**EMPLOYEES' PROVIDENT FUND ORGANISATION**

**NOMINATION AND DECLARATION FORM  
FOR UNEXEMPTED / EXEMPTED ESTABLISHMENTS**

Declaration and Nomination Form under the Employees' Provident Funds and Employees' Pension Scheme.

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

1	Name (in Block Letters) Emp ID: _____	Araya Kumar J K	7	Permanent Address
2	Father's/Husband's Name (in case of married Women)	HDDGDG		Home Address
3	Date of Birth	DD/MM/YYYY		
4	Sex	Male		Temporary Address
5	Marital Status	Married		Postal / Present Address
6	Account No	UAN No		

**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 & Address of Nominee/s	Nominee's Relationship with the Member	Date of Birth	Total amount or share of accumulation in Provident Fund to be paid to each nominee	If the nominee is a minor, name relationship and address of the guardian who may receive the amount during the minority of nominee
1	2	3	4	5
Ramya Home Address	wife	DD/MM/YYYY	100%	

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



\*Strike out whichever is not applicable.

Signature/orthumb impression of the subscriber



**FOR OFFICE USE ONLY**

Dt. of Joining E.P.F	/	/20
Past Service	Year	
Date of Joining EPS	/	/20

<b>ENTRIES VERIFIED</b>		
D.A	S.S	A.A.O

**PART – B (EPS) Para 18**

I hereby furnish below particulars of the members of my family who would be eligible to receive widow/widower/children Pension in event of my death.

Sl. No.	Name of the family member	Address	Date of Birth	Relationship with member
1	2	3	4	5
1.	Ramya	Home Address	DD/MM/YYYY	Wife
2.				
3.				
4.				

\*\*Certified that I have no family, as defined in para 2(vii) of Employees' Pension Scheme, 1995 and should I acquire a family hereafter I shall furnish particulars thereon in the above form.

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

Name & Address of the nominee	Date of Birth	Relationship with the member
Ramya Home Address	DD/MM/YYYY	Wife

Date: DD/MM/YYYY



\*Strike out whichever is not applicable.

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./Kum. employed in my establishment after he/she has read the entries/entries have been read over to him/her by me and got confirmed by him/her.

Signature of the Employer or other authorised Officers of the Establishment  
for Legato Health Technologies LLP

Authorized Signatory  
Designation

Date:.....

Name & Address of the Factory/Establishment or  
Rubber Stamp thereof.

M/s. Legato Health Technologies LLP

**FORM – F**

[See Sub-Rule (1) of Rule 6]

**NOMINATION**

To

M/s. Legato Health Technologies LLP

I Shri/smt./Kumari.... Araya Kumar JK ..... whose particulars are given in the statement below, hereby nominate the person(s) mentioned below to receive the gratuity payable after my death as also the gratuity standing to my credit in the event of my death before that amount has become payable, or having become payable has not been paid and direct that the said amount of gratuity shall be paid in proportion indicated against the name(s) of the nominee(s).

2. I hereby certify that the person(s) mentioned is a/are member(s) of my family within the meaning of clause (h) of Section 2 of the Payment of gratuity Act, 1972.

3. I hereby declare that I have no family within the meaning of clause (h) of section 2 of the said act.

4. (a) My father/mother/parents is/are not dependent on me.

(b) My husband's father/mother/parents is/are not dependent on my husband.

5. I have excluded my husband from my family by a notice dated the \_\_\_\_\_ to the Controlling Authority in terms of the proviso to clause (h) of Section 2 of the said Act.

6. Nomination made herein invalidates my previous nomination.

**Nominee(s)**

Name in full with full address of nominee(s)	Relationship with the employee	Age of Nominee	Proportion by which the gratuity will be shared
1. Ramya Home Address	Wife	25	100%
2.			
3.			
4.			

### Statement

1. Name of employee in full : Araya Kumar JK
2. Sex : Male
3. Religion : Hindu
4. Whether unmarried/married/widow/widower : Married
5. Department / Branch/Section where employed : BO/IT/Corp Mention Appropriate dept
6. Post held with Ticket or Serial No., if any :
7. Date of appointment : DD/MM/YYYY
8. Permanent address : Home Address

Village Bangalore Thana HUJJJKKK Sub-division Yuyuyoi  
Post office 56xxx District Bangalore State Karnataka

Place : Bangalore Signature / Thumb-impression of the employee  
Date : DD/MM/YYYY

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### Declaration by witnesses Nomination signed / thumb-impressed before me.

Name in full and full  
address of witnesses

Signature of witnesses

1.

1.

2.

2.

Place:  
Date :

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### Certificate by the employer

Certified that the particulars of the above nomination have been verified and recorded in this establishment.

Employer's reference No., if any.  
Technologies LLP

for Legato Health

Authorized Signatory

Signature of the employer / officer authorised

Designation  
M M/s. Legato Health Technologies LLP

Name & Address of the establishment or  
Rubber-stamp thereof

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Acknowledgment by the employee

Received the duplicate copy of nomination in Form 'F' filed by me and duly certified by the employer.

Date: DD/MM/YYYY

Signature of the employee

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Note : Strike out the words/paragraphs not applicable.

## Legato Associate HR Policies Handbook

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### Acknowledgement Form

I acknowledge that I have been presented with and have read the HR Handbook and its addendums including information on Legato's Prevention of Sexual Harassment (POSH) policy and understand that I am responsible for abiding by the policies and procedures listed therein.

I understand that I may direct any questions I have about these policies to my managers or to Human Resources. I understand that these policies do not constitute a promise of employment or ongoing employment with Legato. I further understand that these policies and procedures are continually evaluated and may be amended, modified, deleted or added to, as Legato deems appropriate at any time.

This document may be signed manually, by using electronic signature technology, or via an email from the Associate's Legato email account to Human Resources indicating receipt. If signed electronically, the signer has agreed that this signature is as legally binding as a handwritten signature. The signature is represented by the name and date displayed below:

\_\_\_\_\_  
Associate Name

Associate ID No. \_\_\_\_\_

\_\_\_\_\_  
Date DD/MM/YYYY

Return to Human Resources

### Voluntary Declaration for Night Shift

To

Dear Sir,

This is to bring to your notice that I am familiar with the nature of the business of the company and understand that my job might involve working in different shifts which includes night shifts. This was conveyed to me at the time of joining the company.

I have no objection what so ever to work during the night shift, as I give my voluntary consent for the same.

Thanking you,

Signature : \_\_\_\_\_

Name : \_\_\_\_\_ ArayaKumar JK \_\_\_\_\_

Date : \_\_\_\_\_ DD/MM/YYYY \_\_\_\_\_

Emp. No : \_\_\_\_\_

Department : \_\_\_\_\_ BO / IT / Corp \_\_\_\_\_ Mention Appropriate dept

**FORM 'Q'**  
(See Rule 24 (9A))

Appointment Order

- |   |   |
|---|---|
| 1. Name and Address of the Establishment                                | : M/s. Legato Health Technologies LLP     |
| 2. Name and Address of the Employer                                     | : M/s. Legato Health Technologies LLP     |
| 3. Name of the Employee   | : ArayaKumar JK                           |
| 4. His / Her Postal Address   | : Postal Address                          |
| 5. His / Her Permanent Address  | : Home Address                            |
| 6. Father's / Husband's Name  | : TYFYTFYTF                               |
| 7. Date of Birth  | : DD/MM/YYYY                              |
| 8. Date of His / Her entry in to employment                             | : DD/MM/YYYY                              |
| 9. Designation  | : HVUUGYGIG                               |
| 10. Nature of work entrusted to him                                     | : BO / IT / Corp Mention Appropriate dept |
| 11. His / Her serial number in the Register of Employment (Muster Roll) | :   |
| 12. Rates of wages payable to him / her                                 | : -                                       |
| i) Basic  | :   |
| ii) VDA   | : - N.A -                                 |
| iii) Other Allowances if any  | :   |

TOTAL

: -----  
: -----

for Legato Health Technologies LLP

Authorized Signatory  
Signature of the Employer

Place : Bangalore  
Date : DD/MM/YYYY

M/s. Legato Health Technologies LLP

Acknowledgement by employee  
with date and Signature

Seal of the establishment

## **ASSOCIATE INTELLECTUAL PROPERTY ASSIGNMENT AND CONFIDENTIALITY AGREEMENT**

This **Associate Intellectual Property Assignment and Confidentiality Agreement** (the "**Agreement**") is made at **Hyderabad/Bangalore** on the date mentioned below by the Associate , being the person signing this Agreement hereinafter and Legato Health Technologies LLP, a company incorporated under the laws of India and having its registered office at Manyata Embassy Business Park (SEZ), L1 'Banyan', Floors 6-10, Outer Ring Road Nagwara, Hobli, Bangalore – 560045 (hereinafter the "**Company**", which term includes its parent, subsidiary, group, affiliate companies, successors, or assigns), as a condition of employment with the Company and in consideration of the remuneration payable to the Associate and the training and intellectual input received by the Associate from the Company.

### **1. Confidentiality**

- 1.1 At all times during the employment and thereafter, the Associate shall hold all Confidential Information in the strictest of confidence and will not directly or indirectly, whether by himself/herself or through some other person or entity, disclose, use, copy, publish, lecture upon, summarize, or remove from the premises of the Company any Confidential Information, or permit the same to be done, except as is necessary to carry out Associate's assigned responsibilities as an employee of the Company or as permitted by a duly authorized officer of the Company.
- 1.2 In this Agreement, the term "Confidential Information" means all information related to any aspect of the business of the Company which is either information that would ordinarily and without breach of any legal obligation not be known to any person not having a relationship with the Company or any actual or potential competitors of the Company; or any proprietary information of the Company, whether of a technical nature or otherwise.
- 1.3 By way of illustration and not limitation, "Confidential Information" includes inventions, disclosures, processes, ideas, systems, methods, formulae, devices, patent applications, trademarks, intellectual properties, instruments, know how, improvements, materials, products, patterns, compilations, data, programs, techniques, sequences, designs, research or development activities and plans, licenses, specifications, computer programs, source and object codes, mask works, works of authorship, costs of production, prices or other financial data, volume of sales, promotional methods, marketing and selling plans, lists of names or classes of customers or personnel, lists of suppliers, business plans, budgets, business opportunities, medical information, personal information regarding customers or other employees, providers, patient accounting, billing or payroll information, protected health information, personally identifiable information, financial statements or information relating to skills and compensation of other employees.

### **2. Receipt of information in trust**

- 2.1 The Associate acknowledges that all Confidential Information, Inventions and Works (as defined later) are being provided to the Associate in trust for the purpose of use by the Associate on behalf of the Company. Any violation of the terms of this Agreement by the Associate in relation to such Confidential Information and Inventions and Works shall be considered as a breach of trust by the Associate and the Company shall be entitled to proceed against the Associate with any action, whether under civil law, tort, criminal law or otherwise.



### **3. Information of Others**

- 3.1 The obligations of the Associate as provided herein in relation to Confidential Information shall also apply to Confidential Information of customers, vendors, consultants, shareholders, licensors, collaborators, joint developers, contractors and other parties with whom the Company does business or is associated with to the same extent as if it were the Company's Confidential Information.
- 3.2 The Associate will not, during his/her employment with the Company or otherwise, improperly use or disclose to the Company or Related Party of the Company, any confidential, trade secret, or other proprietary information or material of any previous employer or other person, and will not bring onto the Company's premises or provide to any Related Party of the Company, any unpublished document or any other property belonging to any former employer or any person to whom the Associate owes an obligation of confidentiality without the written consent of that former employer or person.
- 3.3 "Related Party of the Company" shall include any employee, associate, consultant, director, shareholder, contractor or any person who may bring liability upon the Company vicariously by his/her actions.

### **4. Company Property**

- 4.1 All works, programs, papers, records, data, notes, drawings, files, documents, samples, devices, products, equipment, and other materials, including copies in whatever form and translations into any other language, relating to the business of the Company that the Associate creates during the term of Associate's employment with the Company, whether or not confidential, shall be the sole and exclusive property of the Company. On termination of his/her employment, the Associate shall promptly deliver all such materials to the Company and shall sign the "Termination Certificate" attached hereto as Annexure B.
- 4.2 The Associate shall disclose in the Termination Certificate, the Inventions and Works that s/he believes s/he may have contributed to during the course of his/her employment and shall affirm the ownership of the same by the Company. It is clarified that such list is by way of illustration only, based on the belief of the Associate, and will not limit the rights of the Company to other Inventions and Works that may not be disclosed by the Associate in the Termination Certificate.

### **Ownership of Inventions and Works**

- 4.3 All inventions, ideas, designs, circuits, schematics, formulae, patterns, compilations, devices, methods, databases, technology, inventions, discoveries, algorithms, trade secrets, works of authorship, mask works, developments, processes, concepts, methodologies, techniques, improvements, customer lists, goodwill, trademarks, service marks, trade names and general intangibles of like nature and related know-how which result from work performed by the Associate, alone or with others, on behalf of the Company or from access to the Confidential Information or property or which the Associate may otherwise create, or previously have created, in the performance of Associate's job duties at any time during Associate's employment with the Company whether or not patentable, copyrightable, or qualified for mask work protection and all translation rights related thereto (collectively "**Inventions and Works**") shall

be the property of the Company and wherever the context requires, shall be “works made for hire” under applicable laws.

- 4.4 The Associate hereby assigns and agrees to assign to the Company or its assignee, without further consideration, the worldwide, perpetual and entire right, title, and interest in and to all Inventions and Works, including all rights to obtain, register, perfect, and enforce patents, copyrights, mask work rights, and other intellectual property protection for Inventions and Works. The assignment shall not lapse if the Company has not exercised its rights under the assignment for a period of one year. The Associate will disclose promptly and in writing to the Company, all Inventions and Works which Associate has made, authored or reduced to practice.

## **5. Assignment, Waiver and License of Moral Rights**

- 5.1 Associate hereby irrevocably transfers and assigns to Company any Moral Rights, worldwide and in perpetuity, the Associate may have with respect to any works Associate has assigned to Company. To the extent Associate cannot assign such rights, Associate hereby waives and agrees not to assert such rights against Company or its assigns or its or their licensees.
- 5.2 If Associate has any rights to the works that cannot be assigned to Company, or waived by Associate, then Associate unconditionally and irrevocably grants to Company, an exclusive, irrevocable, perpetual, worldwide and royalty free license to exercise all such rights of an author of such works including the right to assign, or sublicense through multiple levels of sub licensees, reproduce, create derivative works, distribute, publicly perform and display by all means now known or later developed rights.

## **6. Prior Inventions and Works**

- 6.1 Inventions and Works, if any, whether registered or unregistered, which the Associate has made prior to the commencement of Associate’s employment with the Company are excluded from the scope of this Agreement. To preclude any possible uncertainty, the Associate has set forth in Annexure A a complete list of all Inventions and Works that Associate has, alone or jointly with others, conceived, developed or reduced to practice prior to the commencement of Associate’s employment with the Company, that Associate considers to be Associate’s property or the property of the third parties and that Associate wishes to have excluded from the scope of this Agreement (collectively referred to as “**Prior Inventions and Works**”).
- 6.2 If disclosure of any such Prior Inventions and Works would cause the Associate to violate any prior legal obligation, the Associate is not to list such Prior Inventions and Works in Annexure A but only disclose a cursory name for each such Invention and Work, a listing of the party to whom it belongs and the fact that full disclosure has not been made for that reason. If no such disclosure is provided, the Associate represents that there are no Prior Inventions and Works.
- 6.3 If in the course of Associate’s employment with the Company, the Associate incorporates a Prior Invention and Work into a Company product, process or machine, the Company is hereby granted and shall have a nonexclusive, royalty-free, irrevocable, perpetual, worldwide license (with all rights of an author or owner of such works including rights to sublicense through multiple tiers of sublicenses) to make, have made, modify, use and sell such Prior Invention and Work. Notwithstanding the foregoing, the Associate agrees that Associate will not incorporate, or permit to be incorporated, Prior Inventions and Works in any Company Inventions and Works without the Company’s prior written consent.

## **7. Enforcement of Inventions and Works**

- 7.1 The Associate will assist the Company in every proper way to obtain, and from time to time, to enforce, the Inventions and Works in India, the United States of America and any other foreign countries. To that end, the Associate will execute, verify and deliver such documents and perform such other acts (including appearances as a witness) as the Company may reasonably request in applying for, obtaining, perfecting, evidencing, sustaining and enforcing the Inventions and Works and the assignment thereof. In addition, the Associate agrees to execute, verify and deliver assignments of the Inventions and Works to the Company or its assignee. The Associate's obligation to assist the Company as above shall continue beyond the termination of employment.

## **8. Prior Contracts**

- 8.1 The Associate represents that there are no other contracts to assign inventions or works that are now in existence between him and any other person or entity. The Associate represents that he has no other employment, consultancy, or undertakings which would restrict and impair his performance of this Agreement.

## **9. Agreements with Third Parties**

- 9.1 The Associate acknowledges that the Company may from time to time have agreements with third parties which impose obligations or restrictions on the Company regarding Inventions and Works made during the course of work under such agreements or regarding the confidential nature of such work. The Associate agrees to be bound by all such obligations or restrictions and to take all action necessary to discharge the obligations of the Company thereunder.

## **10. Records**

- 10.1 The Associate agrees to keep and maintain adequate and current records (in the form of notes, sketches, drawings and in any form that may be required by the Company) of all Inventions and Works developed by him, whether individually or jointly with others, during the period of employment with the Company, which records shall be available to and remain the sole property of the Company at all times.

## **11. Notification to New Employer**

- 11.1 In the event the Associate leaves the employment of the Company, the Associate hereby consents and agrees to notify Associate's new employer of the rights of the Company and Associate's obligations under this Agreement.

## **12. Non-competition**

- 12.1 During the term of Associate's employment with the Company and for a period of one (1) year thereafter, the Associate shall not, directly or indirectly engage in, as an employee, associate, consultant, proprietor, partner, director or otherwise, or have any ownership interest in, or participate in any business where such work involves the development or use of similar or identical intellectual property or know-how/trade secrets as that of the Company. However, the Associate may maintain an ownership interest of not more than 2% in the shares of a public

listed company or continue to hold shares of an unlisted company that was issued prior to the date of this Agreement.

**13. Non-solicitation**

- 13.1 During the term of Associate's employment with the Company, and for one (1) year thereafter, the Associate shall not directly or indirectly, without the prior written consent of the Company, (a) solicit, recruit, hire, encourage or induce any employees, directors, consultants, associates, contractors or subcontractors of the Company to leave the employment of the Company or negatively alter their relationship with the Company, either on Associate's own behalf or on behalf of any other person or entity.

**14. Scope and application**

- 14.1 It is clarified that all obligations of the Associate under this Agreement in relation to ownership by the Company, assignment and license by the Associate to the Company shall have application on a worldwide basis and in perpetuity. No license or assignment shall cease because the Company has failed to make use of the same at any time.
- 14.2 This Agreement and all obligations of the Associate under this Agreement shall apply from the commencement of employment of the Associate with the Company, whether such employment commences before, on or after the execution of this Agreement.
- 14.3 Nothing in this Agreement shall preclude the Associate from dealing in any manner with any information that is generally known in the trade or industry and which is not gained as a result of a breach of any legal obligation.

**15. Miscellaneous**

- 15.1 Governing Law. This Agreement shall be governed by, and construed in accordance with, the laws of India, without reference to its conflict of laws provisions.
- 15.2 Enforcement. If any provision of this Agreement shall be determined to be invalid or unenforceable for any reason, all other provisions of this Agreement shall continue to be valid and enforceable and the impugned provision shall be adjusted to achieve the intent of the parties to the extent possible. If any restriction set forth in this clause is held to be unenforceable because of its application over too long a period of time, range of activities or geographic region, it shall be interpreted to extend to such extent as may be enforceable.
- 15.3 Arbitration. Except as provided herein, all disputes in relation to this Agreement shall be settled through arbitration in accordance with the Arbitration and Conciliation Act, 1996. The arbitration shall be conducted by a single arbitrator to be chosen by the Associate, out of a list of three arbitrators provided by the Company. The venue of the arbitration shall be **Hyderabad/Bangalore** India and shall be conducted in English. Each party shall bear its own cost and expenses connected with the arbitration.
- 15.4 Injunctive Relief; Consent to Jurisdiction. The Associate acknowledges and agrees that damages will not be an adequate remedy in the event of a breach of any of his/her obligations

under this Agreement. The Associate therefore agrees that the Company shall be entitled (without limitation of any other rights or remedies otherwise available to the Company) to obtain an injunction or other measures from any court of competent jurisdiction prohibiting the continuance or recurrence of any breach of this Agreement.

- 15.5 Waiver. No inaction, act or omission by the Company shall be considered as a waiver by the Company of any of its rights herein unless specifically waived by the Company in writing.
- 15.6 Binding Effect. This Agreement shall be binding upon and shall inure to the benefit of the successors, executors, administrators, heirs, representatives, and assigns, as the case may be, of the parties.
- 15.7 Headings. The section headings herein are intended for reference and shall not by themselves determine the construction or interpretation of this Agreement.
- 15.8 Interpretation. Unless the context requires otherwise, words of one gender shall have reference to words of all other genders and words in singular shall have reference to words in plural and vice versa.
- 15.9 Entire Agreement; Modifications. This Agreement contains the entire agreement between the Company and the Associate concerning the subject matter hereof and supersedes any and all prior and contemporaneous negotiations, correspondence, understandings, and agreements, whether oral or written, respecting that subject matter. All modifications to this Agreement must be in writing and duly signed by both parties.

**IN WITNESS WHEREOF, THE PARTIES HAVE EXECUTED THIS AGREEMENT ON THE DATE WRITTEN BELOW.**

Legato Health Technologies LLP

[Name of the Associate]

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Name: Anupama Rammohan  
Title: Director - Human Resources

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Employee Number  
Title:  
Date: DD/MM/YYYY

**WITNESS**

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Name:  
Address:  
Date:

FORM A	
Transportation request	
Employee Code :	
Employee Name :	Arayakumar JK
Gender :	Male
Designation :	BIIHHOIOI
Department :	BO / IT / Corp Mention Appropriate dept
Cost Centre :	
Location :	Bangalore/Hyderabad
Email ID :	abcd@gmail.com
Mobile Number :	98xxxxxxx
Shift Timings :	As per instruction
Address: ( Pick up & Drop)	
	Home Address
Area/ Landmark :	Near YUHH building
In case of Emergency Contact Details	
Name :	Ramya
Contact Number :	78xxxxxxx
Remarks - If any	

Employee Signature
Date : DD/MM/YYYY

Team Leads/Reporting Managers/HR
Date:

### Declaration Form

Date - DD/MM/YYYY

Associate Name - ArayaKumar J K

Date of Joining - DD/MM/YYYY

Department - BO / IT / Corp Mention Appropriate dept

I ArayaKumar J K, hereby confirm that i have resigned from my previous organization and my last working day was.....DD/MM/YYYY... as per the company policy, I will be submitting my relieving document on or before ...DD/MM/YYYY.....

Incase, I am unable to submit the same as per the agreed time line, Legato reserves the right to terminate my employment with immediate effect.

Name ArayaKumar

Signature

Date DD/MM/YYYY

**Declaration form to complete Mandatory Courses on LMS**

Date: DD/MM/YYYY

Associate Name - ArayaKumar JK

Date of Joining - DD/MM/YYYY

Department - BO/IT/Corp Mention Appropriate dept

I ArayaKumar JK, Understand that all the below listed compliance trainings are mandatory from both compliance and knowledge Perspective. Therefore, I take Ownership to complete all the training programs within the next 10 business days.

In case, I fail to complete the training programs as per the timeline, I acknowledge that the company may take disciplinary action against me without any further notice.

1. Associate Safety Program and emergency Response Procedure
2. Global anti-bribery
3. Inside exchanges
4. New- Hire Epic
5. New Hire – Introduction to healthcare fraud, waste and abuse,
6. HC Industry Overview
7. Conflict of Interest Survey

Signature:

Date: DD/MM/YYYY



**DECLARATION FORM**  
**(For Women Employees Only)**

**To The Country Head/HR Director**

Date: **DD/MM/YYYY**

Legato Health Technologies LLP (Legato)  
(Address – Location Specific)

Dear Sir/Madam,

I **GVGHGFUFY**, holding employee ID no ( ) hereby declare that, I am an employee of Legato Health Technologies LLP (Legato) and work out of the **Hyderabad/ Bangalore** office address.

I have read and understood the Legato India Transport Policy (Policy) that states that all women employees including myself shall be provided cab/transport facility for travel from home to office and/or vice versa between 8:00 pm to 6:00 am. I also acknowledge that the Policy confirms that Legato will provide me a cab with security to drop me at my doorstep if I am leaving office after 8 pm and before 6 am.

I understand and fully acknowledge that this Policy is in compliance with the *G.O. Ms. No.25 dated 25/July/2019 issued by the Government of Telangana in the matter of Labour Employment Training & Factories (Labour) Department or conditions stipulated in the amendment to the provisions of section 25 of the Karnataka Shops And Commercial Establishments (Amendment) Act, vide Bill no 16 of 2002*, thereby mandating all ITES companies that employ women during the night shifts to provide women employees cab/transport facility for travel from home to office and/or vice versa between 8:00 pm to 6:00 am.

I understand and fully acknowledge that by not availing of the company provided transport, I am in violation of the Transport Policy and I am also putting my own safety at risk. I am aware of the dangers of travelling alone at this late hour and take full responsibility for my safety in case I violate this Policy and make my own arrangements to leave office /home after 8 pm or before 6 am.

I represent and warranty that I shall not hold Legato or any of its affiliates responsible in the event of any untoward incident and/or accident that occurs to me in the event that I do not adhere to this Policy and leave the office/home premises without company provided transport between 8:00 pm to 6:00 am for travel from home to office and/or vice versa.

Sincerely,

Name of Woman Associate **GVGHGFUFY**

Employee ID \_\_\_\_\_

**Signature** \_\_\_\_\_