



### JOINING REPORT

#### Section 1: PERSONAL DETAILS (Mandatory)

Employee Name:	<b>Thiliban M</b>	Paste Photo Here
Employee code:	<b>98037</b>	Gender: <b>Male</b>
Role Band:	<b>S1</b>	Role Title: <b>Computational chemist and ML/AI specialist</b>
Department:		Unit/BU: <b>APSL</b>
Date of Joining:	<b>20-Jan-2025</b>	Date of Birth: <b>29-Jul-1997</b>
Date of Marriage (if married):		Blood Group: <b>B+ve</b>
Location:	<b>Bangalore</b>	Age: <b>28</b>

#### Section 2: BANK ACCOUNT DETAILS (Mandatory)

Bank Name & Address: <b>SBI, Anna University, Chennai, A U college campus</b>	Name as on Account Number: <b>Thiliban M</b>
	Account Number: <b>37975346016</b>
	IFSC Number : <b>SBIN0006463</b>
	PAN Number : <b>AZZPT4737H</b>

- a) **EMPLOYEE'S BENEVOLENT FUND:** The employees of Aurigene Pharmaceutical Services Ltd would contribute an amount of Rs.60/- per month towards the benevolent fund. A sum of Rs.3, 00,000/- (Rupees Three lakh) will be paid from the fund to the nominee of the deceased employee. This amount is directly deducted from the salary and is remitted to Aurigene Pharmaceutical Services Ltd. Employees' Benevolent Fund Scheme.
- b) **SALARY DEDUCTION TOWARDS Naandi:** *Naandi* is an organization which is making efforts to alleviate poverty from the lives of over 350 million extremely poor citizens of India. [www.naandi.org](http://www.naandi.org). Your contribution of Rs 10 can assure free, quality healthcare to underprivileged children. It can feed a child, or multiples of Rs 10 - Rs 100, 1000, 10,000 or 1,00,000 can change the face of a village's drinking water problem. There is more to charity than just financial help. We are actively looking for volunteers in Hyderabad to help with our Child Rights portfolio. Email csc@naandi.org if you want to volunteer.

Please indicate your choice of deduction below

Rs. **Nil/-**

In addition to the above, I would like to contribute more to the foundation. The concerned foundation official may get in touch with me.



Declaration by the Employee:

I certify that the information given above in support of my joining Aurigene Pharmaceutical Services on 20-Jan-2025 is true to the best of my knowledge. I hereby agree to the Non-Poaching Undertaking and contribution to the above funds authorizing the company to make the necessary deductions as per the information provided above.

Employee Name: **Thiliban M**

Date : **20-Jan-2025**

Place : **Bangalore**

Signed by:

**Thiliban Manivarma**

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Signature of the employee

Name & Signature of the HR Facilitator

# Aurigene Pharmaceutical Services

## INSIDER TRADING GUIDELINES

### **DESIGNATED PERSONS**

Aurigene Pharmaceutical Services ("Company") has segregated few employees as 'Designated Persons\*' which also includes their immediate relatives\*\* due to the nature of their role/function and access to UPSI. To understand whether you are a designated person and who are your immediate relatives, please refer to the below definitions:

\*Designated Persons shall consist of the following (of the Company or its material subsidiaries):

1. Promoter, Director (Executive and Non-Executive);
2. Management Council Member and employees directly reporting to them (L-1);
3. All employees in grade Associate Director and above, or any other equivalent grade;
4. All employees in Analytics, Corporate Consolidation, Corporate Communication, Compliance, Investor Relations, Strategy, Internal Audit & SOX, Legal, Business Development, Information Technology, Intellectual Property Management, Secretarial, Taxation and Treasury team;
5. Secretarial staff in the office of Chairman, Vice-Chairman, Managing Director, Chief Operating Officer, Chief Financial Officer and other Management Council members;
6. Any other employees designated by the Board of Directors from time to time to whom the trading restrictions shall be applicable;
7. Such other Persons as designated by the Board of Directors in consultation with the Compliance Officer on the basis of their functional role; and
8. Immediate relative(s) of 1 to 7 above.

\*\* Immediate relative(s) for the purpose of these regulations means - a spouse of a person, and includes parent, sibling, and child of such person or of the spouse, any of whom is either dependent financially on such person, or consults such person in taking decisions relating to trading in securities.

### **SYNOPSIS OF THE COMPLIANCES FOR EMPLOYEES:**

Sl. No.	Designated persons	Other employees	Illustration/Explanation
1.	Do not trade in Company's shares: a) When in possession of any UPSI; and/or b) During trading window closure period.		The trading window closures and Insider Trading Dos and Donts are intimated by the Company Secretary and Compliance Officer from time to time through emails sent to all employees of the Company.
2.	Disclosure to the Company, within 2 trading days, if the value of transaction exceeds Rs. 10 lacs (whether in one transaction or a series of transactions over any calendar quarter).	NA	Submit Form C to the Compliance Officer within 2 trading days, if the value of transaction exceeds Rs. 10 Lacs whether: a) in one transaction or b) in series of transaction (cumulative) in calendar quarter (Jan-Mar, Apr-June, July- Sep, Oct-Dec).

Sl. No.	Designated persons	Other employees	Illustration/Explanation
3.	Seek pre-clearance for trading above 2,000 shares or Rs. 70 lacs in value, whether in one transaction or cumulative in a calendar month.	NA	<p>Pre-clearance for trading (in Form I) has to be sought from Compliance Officer, if you intend to deal in shares of the Company in excess of either:</p> <ul style="list-style-type: none"> <li>a) Rs.70 Lacs in trade value or</li> <li>b) 2000 shares in numbers.</li> </ul> <p>Whether in one transaction or a series of transaction (cumulative) in a calendar month.</p>
4.	No contra trade (opposite transaction) for 6 months from the last transaction.#	NA	<p>Employees and their immediate relatives cannot execute a contra trade, i.e., an opposite transaction (e.g. purchase if sold earlier; sell if purchased earlier) in the shares of the Company during a period of six months following the prior transaction.</p> <p>If a contra trade is executed, inadvertently or otherwise, in violation of such a restriction, any profits earned from such trade shall be remitted to SEBI. Additional penalty shall be imposed on the concerned person. An intimation to SEBI is also required and they may also take further penal action.</p> <p>SEBI has granted the below relaxation for shares held under ESOPs. Such relaxation shall not be used to earn profits or avoid losses, by frequent dealing in shares.</p> <ul style="list-style-type: none"> <li>(i) If you have sold/ purchased shares, you can subscribe and exercise ESOPs at any time after such sale/purchase, without attracting contra trade restrictions.</li> <li>(ii) If you acquire shares through ESOP and subsequently sell/pledge those shares, such sale shall not be considered as contra trade.</li> <li>(iii) If you purchase some shares (say on August 01), then acquire shares later through ESOP (say on September 01) and subsequently sell/pledge the shares so acquired under ESOP (say on October 01), such sale will not be a contra trade. However, you will not be able to sell the shares purchased on August 01 during the period of six months from August 01.</li> <li>(iv) If you sell shares (say on August 01), and acquire shares later under ESOP (say on September 01) the acquisition under ESOP shall not be a contra trade. Further, you can sell/pledge shares so acquired at any time thereafter without attracting contra trade</li> </ul>

			restrictions. You, however, will not be able to purchase further shares during the period of six months from August 01 when you had sold shares.
5.	Derivative transactions are not allowed.	NA	You <u>cannot</u> take any positions in derivative transactions involving shares of the Company at any time <u>whether in possession of Unpublished Price Sensitive Information OR NOT.</u>

# Sale of shares pursuant to exercise of stock options shall not be considered as a contra trade.

#### **PENALTIES FOR CONTRA TRADE AND TRADE DURING WINDOW CLOSURE:**

The Designated Persons who violate the Code shall, in addition to any action taken by SEBI, be subject to disciplinary action by the Company that may include wage freeze, suspension, monetary penalty, recovery, ineligibility for future participation in Employees Stock Option Plan (ESOP) etc.

#### **PENALTIES FOR OTHER OFFENCES:**

- i. Imposition of monetary penalty of Rs. 5,000/- on Designated Persons for instances of violations like:
  - Delay in submission / non-submission of Form-C.
  - Not providing annual disclosure / inadequate disclosure.
  - Incorrect information provided, when sought
- ii. Penalty for trades executed without pre-clearance or beyond pre-clearance period (other than contra trade and trading during window closure), to be 10% of trade value;
- iii. Penalties for instances of sharing or seeking UPSI (other than for legitimate business purpose) and trading on the basis of UPSI by employees – to be decided on case-to-case basis by Management/Audit Committee/Board.

You are requested to adhere to the above requirements. In case of any clarifications, please Contact the Secretarial team.

#### **Declaration**

**"By signing below, I hereby affirm that I have read and understood the Company's guidelines on insider trading by Designated Persons' (Insider Trading Code). I also confirm that I will submit the relevant disclosures under the Insider Trading Code, if applicable."**

Name of Employer Entity: AURIGENE PHARMACEUTICAL SERVICES LIMITED

Employee Name: Thiliban M  
Signed by:

Employee Signature:   
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Date: 20-Jan-2025



### Leave Encashment Declaration

This is to confirm that I **Thiliban M** have availed Exemption of **Leave Encashment** under the **Income Tax Act 1961** prior to Joining **Aurigene Pharmaceutical Services Limited** as per details given below:

<b>Sl. No.</b>	<b>Company Name</b>	<b>Leave Encashment Amount Received.</b>	<b>Leave Encashment Exemption Availed</b>
1.	<b>NIL</b>		
2.			
3.			
4.			
<b>Total</b>			

Name : Thiliban M

Date : 20-Jan-2025

Signed by:  
 Signature:  **Thiliban Manivarma**  
E79ECDCF570C4C3...

#### Office Use

Emp. Code : **98037**



## IT Usage Guidelines

### **General Usage Guidelines:-**

- The information systems, including e-mails are the property of APSL and shall not be construed / used for the private purpose of any employee.
- The company's IT systems are to be used by the employees strictly for official business purposes. The company reserves the right to revoke the privilege of use of the computing systems temporarily or permanently in the interest of the organization.
- APSL reserves the right to monitor and record all information relating to the usage of its computer systems. If it is found that the computing systems have been intentionally, or otherwise misused or attempted to have been misused, tampered with or manipulated, the Organization shall initiate appropriate actions on those individuals.
- The IT Assets provided to individuals shall be for Business/Official use, and would have to be returned to the IT Department during separation from the organization, or transfer or whenever a new asset is provided to the Users.

### **Internet Usage Guidelines:-**

The following are a list of activities (not exhaustive), **which are considered improper** and hence prohibited as part of internet usage:

- Using any words, images or references that could be viewed as obscene, derogatory or racially, sexually, ethnically or otherwise offensive to colleagues, customers, suppliers or competitors.
- Creating, accessing, downloading, or transmitting messages or images that might be considered inappropriate in the workplace, including, but not limited to, messages or images that are lewd, obscene or pornographic and messages or images that might be considered offensive or harassing due to their reference to race, sex, age, marital status, religion, national origin, physical or mental disability or other such protected status.
- Accessing and/or trying to access IT systems/websites for which the user does not have any access. For this purpose certain sites would be blocked from accessing as per the company policies.
- Accessing any software for on-line computer games and betting, lottery etc.,
- Downloading, copying or transmitting software and/or documents protected by copyright. Any employee with a question concerning a copyright issue should contact the IT Department

### **E-Mail Usage Guidelines:-**

The following are a list of activities (not exhaustive), **which are considered improper** and hence prohibited as part of e-mail usage:

- Using e-mail, the Internet or any other communication tool / media to harass, intimidate or annoy other persons including co-workers.
- Spreading "chain mail" and other such frivolous communications and registering with websites (e.g. news sites)



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- Using the computer equipment and software to conduct personal business/transactions.
- Downloading any other software or materials (such as on-line publications) unless APSL has approved such download and has taken appropriate permissions and / or have subscribed for organization wide use.
- Accessing message(s) to which an employee is not the intended recipient or sending message(s) under someone else's name.
- Using official mail id to send out information which is deemed as sensitive to company/function without proper approvals.

Apart from above, users are also expected to:

- Archive their mails periodically to keep the mail file tidy and to avoid mail quota warnings.
- Restrict the attachment size while sending mails outside of APSL. (Details are available in the welcome message e-mail).

#### **Personal Computers (Desktop / Laptop) Usage Guidelines:-**

- Personal Computers (PCs) / Laptops are provided to the users for business purposes and for enhancing their productivity and effectiveness in discharging their duties.
- Users shall be responsible for the equipment and software until the same is properly returned back to APSL IT Department.
- Users shall protect their PCs/Laptops with strong passwords and should be logged off/locked when left unattended.
- Users shall be responsible for using the system to solicit for commercial ventures, religious or political causes, outside organizations or other non job-related solicitations.
- Users should refrain from using the IT systems to create any offensive or disruptive messages.
- Using the IT systems to send or receive copyrighted materials, trade secrets, proprietary financial information or similar materials without prior authorization is prohibited.
- Using a code, access a file, or retrieve any stored information unless authorized to do so.
- Unauthorised software should not be installed on the system from any source such as the Internet, or personal CDs and floppies.
- Caution should be exercised before opening e-mail messages from unknown or unidentified external sources. Such messages may contain computer viruses or malicious code which can cause substantial damage to APSL computing system or even spread to other systems on the network.
- Users should refrain from using Laptops/Desktops for personal use including, but not limited to, storage of personal data such as family photos, songs or videos.
- The equipment and software are to be returned in good working order (unless it is being returned because of a malfunction) along with all documentation, software and configurations.



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## IT security

- Users shall never disable Antivirus software, backup, or asset software. Users would also ensure that the latest antivirus version is available on their desktop/laptop.
- The user shall be responsible for regular backing up of data from laptop to designated / allocated folders on the Office network. Loss of data due to theft or device malfunction shall be user's responsibility.
- The user shall be the responsible to secure their password, so as to avoid access to APSL Information system, by unauthorized users.
- Users should refrain from using USB mass storage devices and access of USB port, CD/DVD writer will be disabled unless authorized.
- User's network access shall be subjected to monitoring, filtering for malicious and unauthorized activities.
- After EOL of the IT asset, if user has purchased that previously assigned old laptop and after some time if situation arises that he wants to scrap then it would be user's responsibility to ensure that hard disk should be formatted before handing over to any vendor.

If users suspect any infection to the system by virus or malicious contents, they must immediately shutdown the computer, disconnect it from the network, and report the same to the IT Helpdesk.

User can contact the IT helpdesk for any help.

**By signing below, I certify that I have read, understood and agree to comply with all rules and regulations of APSL – IT Usage and would adhere to the above during my assignment in APSL.**

Name: Thiliban M

Signed by:

Signature Thiliban Manivarma

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Date: 20-Jan-2025

**FORM - 2 ( Revised)**
**NOMINATION AND DECLARATION FORM  
FOR EXEMPTED / UNEXEMPTED ESTABLISHMENTS**

Declaration and Nomination Form Under the Employee's Provident Funds &amp; Employees' Pension Scheme

(Paragraph 33 &amp; 61 (1) of the Employees' Provident Fund Scheme, 1952 &amp; Paragraph 18 of the Employees' Pension Scheme, 1995)

1 Name ( In Block Letters)	Thiliban M			
2 Father's / Husband's Name	Manivarma			
3 Date of Birth	29-Jul-1997			
4 Sex	Male			
5 Marital Status	Single			
6 Account Number				
7 Address	Permanent : 03, Bharathi Nagar, Nathapettai, Chinna kancheepuram, Kanchipuram , Tamil Nadu, India, Temporary : 03, Bharathi Nagar,Nathapettai, Chinna kancheepuram,Kanchipuram ,Tamil Nadu,India,631501			
8 Date of Joining	20-Jan-2025			
	EPF			
	EPS			

**PART - A (EPF)**

I here by nominate the person(s) / cancel the nomination made by me previously and 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 the Nominee/ Nominees	Nominee's relationship with the member	Date of Birth	Total amount of share of accumulation in provident fund to be paid to each nominee	if the nominee is minor name & address & relationship of the guardian who may receive the amount
1	2	3	4	5
Manivarma	Father	06-Jun-1966		

Certified that I have no family as defined in para 2 (g) of the Employee's Provident Fund Scheme 1952 and should I

- 1 acquire a family hereafter the above nomination should be deemed as cancelled
- 2 Certified that my father / mother is / are depended upon me.
- 3 Unmarried members in the absence of dependent parents may nominate any other person to receive the shares

**Note:** A Fresh nomination shall be made by the member on his/her marriage and any nomination made before such marriage shall be deemed to be invalid

Signed by:

Thiliban Manivarma

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Signature or thumb impression of the Subscriber

## PART - B (EPS)

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 death

S.No	Name of the Family Members	Address	Date of Birth	Relationship
1	<b>Manivarma</b>	<b>03, Bharathi Nagar, Nathapettai, Chinna kancheepuram, Kanchipuram - 631501, Tamil Nadu</b>	<b>06-Jun-1966</b>	<b>Father</b>
2				
3				
4				
5				

Certified that I have no family as defined in para 2 (vii) of the Employee's Pension Scheme 1995 and should I acquire a family hereafter the above nomination should be deemed as cancelled

I hereby nominate the following person for receiving the monthly widow pension (admissible under para 16(2) (g) (I) & (ii) in the event of my death with out leaving any eligible family member for receiving pension.

Name & Address of the Nominee	Date of Birth	Relationship with the member

Signed by:  
**Thiliban Manivarma**  
E79ECDCF570C4C3...

Date: **20-Jan-2025**

Signature / 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: **Thiliban M** 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.

Place: **Bangalore**  
Date : **20-Jan-2025**



Signature of the employer:

Name &amp; Address of the Establishment



### LTA Exemption Declaration

This is to confirm that I **Thiliban M** have availed Exemption of **LTA ( Leave Travel Allowance )** under the **Income Tax Act 1961** prior to Joining **Aurigene Pharmaceutical Services Limited** as per details given below:

Sl. No.	Company Name	LTA availed in Financial Year	Block Period
1.	<b>NIL</b>		
2.			
3.			
4.			
<b>Total</b>			

Name : **Thiliban M**

Signature Signed by:  
**Thiliban Manivarma**  
E79ECDCF570C4C3...

Date : **20-Jan-2025**

Office Use

Emp. Code : **98037**



### Employee Identity Card Request Form

Employee code : **98037**  
 First Name (In Capitals) : **Thiliban**  
 Last Name (In Capitals) : **M**  
 Date of Birth : **29-Jul-1997**  
 Date of Joining : **20-Jan-2025**  
 Department :  
 Gender : **Male**  
 Business Unit & Location : **APSL**  
 Blood Group : **B+ve**  
 Identification Marks : **Mole on left hand and stitch mark on the forehead**  
 Residential Address : **03, Bharathi Nagar, Nathapettai, Chinna kancheepuram**  
 Pin Code : **631501**  
 City : **Kanchipuram**  
 State : **Tamil Nadu**  
 Mobile no : **9087117644**  
**Emergency Contact Person** : **Manivarma**  
 Address : **03, Bharathi Nagar, Natha pettai, Chinna kancheepuram, Kanchipuram - 631501, Tamil Nadu**  
 Mobile no : **9444767359**

Signature

Signed by:

**Thiliban Manivarma**

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Name of Admin / HR Fac

### FOR USE OF ADMIN TEAM

Form Rec On

Date of Issue

Issued By

Issued to

## Certificate of Acknowledgement and Adherence

I hereby acknowledge and certify that I have read and understood the Code of Business Conduct and Ethics (COBE) Version 5.0.

**I clearly understand all my obligations,** duties, and responsibilities under each principle and provision of the COBE policy.

**I understand** that it is my personal responsibility to ensure that my actions conform with the provisions in our COBE and understand that my failure to comply with these provisions may result in appropriate disciplinary and corrective actions, up to and including my employment separation from the company.

**I further agree and acknowledge** that if I have any concerns or made to be aware of any violations or potential violations of the COBE, I will immediately report the same either to my Supervisor or to my Manager or to the Chief Compliance Officer of the company in accordance with the provisions of the Ombudsperson Policy.

If I am a Supervisor or Manager/Leader and any of my team members escalate issues to my attention, **I acknowledge** that I will report it to the Ombuds Channel or to the Compliance Officer without fail.

**I certify** that this is a true and correct statement by my signature below:

Employee Name: **Thiliban M**

Employment Code: **98037**

Signature of the Employee:   
Signed by:  
**Thiliban Manivarma**  
E79ECDCF570C4C3...

Date: **20-Jan-2025**

	Issued by:	<b>Legal and Compliance</b>	Version	2
	<b>CONFLICT OF INTEREST POLICY</b>		Effective Date	26-Dec-2022

## Annexure II: Declaration of conflict of interest

# Conflict of Interest Declaration Form

Please complete this form if you believe that you may have a conflict of interest situation or if you are unsure and seek to disclose a potential or perceived conflict of interest. Please read the Conflict of Interest Policy for additional details.

## SECTION 1: PERSONAL DETAILS

NAME : Thiliban M Employee Code: 98037

JOB TITLE / AREA OF RESPONSIBILITY: Computational chemist and ML/AI specialist

PHONE: 9087117644 EMAIL: thilibanaussie@gmail.com

## SECTION 2: DISCLOSURE DETAILS

The actual, potential or perceived conflict of interest relates to: (tick all appropriate box/s)

- |  |   |
|--|---|
| <input type="checkbox"/> Family or friends, considered for a role within your team/ department                     | <input type="checkbox"/> Relationship with other employees/ contractors       |
| <input type="checkbox"/> Outside work activities (paid/unpaid)   | <input type="checkbox"/> Relationship with external parties                   |
| <input type="checkbox"/> Financial interest conflict   |   |
| <input type="checkbox"/> Gifts/benefits received from external stakeholder associated with the Company             | <input type="checkbox"/> Provision of external consultancy services           |
| <input type="checkbox"/> Acquaintance with an external stakeholder/ partner/ vendor etc, who is engaged by Company | <input type="checkbox"/> Other (if you selected other please provide details) |

The following actual, potential or perceived conflict of interest has been identified. (please insert all relevant details)

The (actual, potential or perceived) conflict is expected to last: (tick appropriate box)

- |                                      |  |
|--------------------------------------|--|
| <input type="checkbox"/> 0–12 months | <input type="checkbox"/> >12 months or ongoing |
|--------------------------------------|--|

 <p><b>AURIGENE</b> PHARMACEUTICAL SERVICES</p>	Issued by:	<b>Legal and Compliance</b>	Version	2
		<b>CONFLICT OF INTEREST POLICY</b>	Effective Date	26-Dec-2022

**SECTION 3: TO BE COMPLETED BY both HR/ L+2 jointly, in consultation *in specific cases confirmation with the Compliance Team member.***

**In my opinion the details provided: (tick appropriate box)**

- do not constitute a conflict of interest, and I authorise the employee to continue the activity (go to Section 4).
- do constitute an actual, potential or perceived conflict of interest (please provide a detailed action plan below).

**If the situation does constitute a conflict of interest, please ensure that the following actions have been considered:**

- ensure all information surrounding the conflict has been disclosed and documented
- inform likely affected persons of the conflict, seeking their views where relevant as to whether they object
- reformulate the scope of work or restricting access to certain information
- recruit a third party to oversee part or all of the process
- recommend to relinquish the interest that is causing the conflict
- temporarily remove the person from the process or responsibilities
- monitor the person's activities closely in relation to the conflict of interest
- take no further action because the conflict is minimal.

**I have reviewed the above considerations and request that the Employee takes the following action to eliminate/manage the conflict:**

**I will ensure this action plan is reviewed:**

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Within 1 month   | <input type="checkbox"/> Within 3 months | <input type="checkbox"/> Within 6 months                                |
| <input type="checkbox"/> Within 12 months | <input type="checkbox"/> Other – specify | <input type="checkbox"/> N/A: the conflict is one-off or short duration |

**SECTION 4: EMPLOYEE'S DECLARATION**

To the best of my knowledge and belief any actual, perceived or potential conflicts between my duties as an employee and my private and/or business interests have been fully disclosed in this form in accordance with the requirements of the Conflict of Interest Policy of APLS.

I acknowledge, and agree to comply with, any approach identified in this form for removing or managing an actual, perceived or potential conflict of interest.

Signed by:  
**Thiliban Manivarma**  
 SIGNATURE: E79ECDCF570C4C3... DATE: **20-Jan-2025**

	Issued by:	<b>Legal and Compliance</b>	Version	2
	<b>CONFLICT OF INTEREST POLICY</b>		Effective Date	26-Dec-2022

#### **SECTION 5: Reporting Manager (L+1)**

The actions described in the approach outlined in Section 3 have been put in place to effectively manage any actual, potential or perceived conflict of interest disclosed in Section 2. The approach outlined in Section 3 ensures that APSL's public interests and reputation is adequately protected.

NAME: **Thiliban M**

SIGNED BY:  
SIGNATURE: **Thiliban Manivarma** DATE: **20-Jan-2025**

E79ECDCF570C4C3...

I, **Thiliban M**, hereby declare that I have read and understood the Conflict of Interest Policy of the Company.

Name: Thiliban M  
Signed by:

**Thiliban Manivarma**

E79ECDCF570C4C3...

Signature



### Gratuity Exemption Declaration

This is to confirm that I **Thiliban M** have availed Exemption of **Gratuity** under the **Income Tax Act 1961** prior to Joining **Aurigene Pharmaceutical Services Limited** as per details given below:

Sl. No.	Company Name	Gratuity Amount Received	Gratuity Exemption Availed
1.	NIL		
2.			
3.			
4.			
<b>Total</b>			

Name : **Thiliban M**

Date : **20-Jan-2025**

Signed by:  
 Signature Thiliban Manivarma  
E79ECDCF570C4C3...

### Office Use

Emp. Code : **98037**

### Background Verification Form

**INSTRUCTIONS:**

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

Employee ID	Location	Date of Joining	Work Level
98037	Bangalore	20-Jan-2025	S1

<b>Personal Information</b>	
<b>Full Name (First, Middle, Last) :</b> Thiliban M	<b>Former Name / Maiden Name (if Applicable) :</b>
<b>Father's Name :</b> Manivarma	<b>Date of Birth (dd/mm/yy) :</b> 29-Jul-1997
<b>Gender:</b> Male	<b>Social Security Number if applicable)</b>
<b>Nationality:</b> Indian	
<b>Marital Status:</b> Single	
<b>Mobile No:</b> 9087117644	
<b>Personal Email ID:</b> thilibanaussie@gmail.com	

**Education Qualification - Please attach copy of Degree and Final year mark sheet**

Degree	Examination Passed(i.e. Degree)	Specialization OR Main Subjects	Seat No. OR Roll No.	Institute Name, Address & Office Landline Tel.Nos.	From (mm/yy)	To (mm/yy)	Year of Passing	% of marks & Class obtained
Highest Degree	M Tech B Tech	Biology Pharmaceutical Technology		Anna University - ACT campus  Anna University - ACT campus	01-Aug-2018  01-Aug-2014	01-May-2020  01-Apr-2018	01-May-2020  01-Apr-2018	9.49

**Employment History (List most recent employer) - Previous Employer**

Note: Ensure that you are descriptive wherever necessary – e.g. If Co. is 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.

<b>Name of the Organization (1)</b>		<b>Address of the organization:</b>	<b>Department:</b>
<b>Telephone No:</b>	<b>Employee Code:</b>	<b>Designation:</b>	
<b>Employment Period DD/MM/YY</b>		<b>Manager's Name, Contact No &amp; Email ID:</b>	
<b>From:</b> <b>To:</b>			
<b>Reference Details:</b>			
<b>HR Name:</b>	<b>Contact No:</b>		<b>Email Id:</b>
<b>Duties &amp; Responsibilities:</b>		<b>Reasons for Leaving:</b>	
<b>Fixed Salary:</b>		<b>Last Salary Drawn:</b>	
<b>Type of Employment:</b>			
<b>Agency Details:</b> (If Type of Employment is Permanent or Contractual? Provide details)			

<b>Name of the Organization (2)</b>		<b>Address of the organization:</b>
<b>Designation:</b>		
<b>Employment Period DD/MM/YY</b>		
<b>From:</b>		
<b>To:</b>		
<b>Reasons for Leaving:</b>		

## **Documents Required**

### **Education**

- Photocopy of degree certificate and final mark sheet
- Consolidated Marks sheet
- Marks sheet for all the semesters/years
- Provisional certificate

### **Employment**

- Photocopy of relieving / experience letter
- Resignation Acceptance Letter.

### **Declaration and Authorization**

I hereby authorize Aurigene Pharmaceuticals Services Ltd (or a third party agent appointed by the Company) to contact any former employers as indicated above and carry out all Background Checks not restricted to education and employment deemed appropriate through this selection procedure. I authorize former employers, agencies, educational institutes etc. to release any information pertaining to my employment/education and I release them from any liability in doing so.

I confirm that the above information is correct to the best of my knowledge and I understand that any misrepresentation of information on this application form may, in the event of my obtaining employment, result in action based on company policy.

Signed by:  
Signature:   
E79ECDCF570C4C3...

Name: Thiliban M

Date: 20-Jan-2025



## Privacy Notice for Employees – India

**Last Updated:** March 2024

This Employee Privacy Notice ("Privacy Notice") is addressed to all individuals employed by Dr. Reddy's Laboratories and its subsidiaries and affiliates in India ("Dr. Reddy's"). As your employer, Dr. Reddy's is responsible for the processing of your personal information. As it decides why and how your personal information is processed, Dr. Reddy's acts as the 'Data Fiduciary'. In this notice, "we" or "us" or "our" refers to Dr. Reddy's, its subsidiaries, and affiliates.

Please read this Privacy Notice carefully since it sets out how and in which context, we are processing your employment-related personal information and explains your rights in respect to the processing of such information.

We take the privacy of all individuals seriously and are committed to ensuring that your personal information collected by us is processed and protected in accordance with the applicable data protection laws, including the Digital Personal Data Protection Act, 2023 ("DPDP Act, 2023), as well as Dr. Reddy's policies and standards.

Should you have any further questions related to processing of your personal information, we invite you to contact us at [apslhr@aurigeneservices.com](mailto:apslhr@aurigeneservices.com), while you are being Onboarded. As an employee of Dr. Reddy's, you can reach out to us via '**Guru**' (our query management chatbot).

### 1. What information do we collect from you?

We may collect various types of personal information about you, including supporting documents where required. This may include:

- **your contact and identification related information:** e.g., name, email Id, mobile number (option to communicate via channels such as WhatsApp), citizenship, gender, date and place of birth, marital status, passport number and validity, current and permanent address, and photograph.
- **personal information of your family members and nominees:** e.g., parent's name, where applicable your date of marriage and spouse's name, contact information and national IDs such as Aadhar, PAN and passport, when you register them as dependents or nominees for medical insurance, exercising your privacy rights, for availing employment benefits, while registering name and contact information for emergencies or per any other statutory requirements.
- **your medical and health related information:** e.g., blood group, disability status, and results of your pre-employment medical check-up.
- **your financial and previous compensation related information** e.g., last drawn fixed and variable salary (TCC), Bank and account holder details along with a cancelled cheque, pay slip from your current/most recent employer.
- **your education, and professional experience related information:** e.g., highest and second highest qualification, specialization, College/institution name and period, marks (% or CGPA), educational certificates – high school and above, total years of experience, joining and relieving date, relieving letter from your previous employer, employee code from last two organizations, designation (when joining and leaving) and notice period of current/most recent organization.



- **your electronic identifiers:** e.g., ID card/badge number, biometric information, login credentials including phone number, device information of phone and laptop used for work, online identifiers such as cookies, logs, access and connection times, access rights, audio or visual recordings such as those enabled through the use of security cameras in our offices.
- **your national /citizenship identification and social security information:** such as your Aadhar ID, Permanent Account Number (PAN), Universal Account Number (UAN), PRAN (Permanent Retirement Account Number) and passport number, Superannuation member ID and other such government issued identifiers.
- **your individual or group photos, audio, video recordings** captured in context of internal and external in-person events as well as virtual meetings where you may participate.
- **your feedback, comments, or preferences** e.g., those received through internal surveys, collaboration tools, events, meetings, town halls, and our social media accounts.
- **information related to your job role, and that necessary for the administration of your employment:** job title/ employee ID, business unit, department, managers, buddy and subordinates' information, employment dates including dates of joining, promotion, level and position change, work schedule, performance and values and behaviors evaluation and its outcome, attendance data including leaves availed, career aspirations, and recognitions received.
- Where necessary and legally permitted, diversity related information, information collected with regard to investigations of misconduct, information and documentation related to individuals involved in judicial proceedings, and legal disputes.
- Any other information about the activities you are carrying out in your professional capacity.

Please note that some of the information listed above may be sensitive in nature. This may include information such as your health and medical information, bank account details, minor's data, data collected regarding complaints and investigations of misconduct etc.

## **2. For which purposes do we use your personal information?**

### **2.1 Legal basis for the processing**

As your employer, we process your personal information after obtaining your consent in accordance with the DPPD Act, 2023.

We may also process your personal information for the following legitimate uses:

- for the specified purpose for which you have voluntarily provided your personal information to us, and in respect of which you have not indicated to us that you do not consent to the use of your personal information,
- processing is necessary to comply with our legal or statutory obligations,
- processing is necessary for compliance with any judgment or decree, or order issued under any law,
- processing is necessary for responding to a medical emergency,
- processing is necessary to provide medical treatment or health services during an epidemic, outbreak of disease, or any other threat to public health,



- as your employer, processing is necessary for the purpose of your employment, providing you benefits and services, or safeguarding us from loss or liability. Examples of such processing includes:
  - to perform general HR administration
  - to prevent misuses of our internal services or systems, including security of our information assets
  - to perform investigations related to potential or actual violations of our internal policies and codes, fraud and unethical or unlawful behavior including those raised in line with our Ombudsperson Policy.
  - to gather insights in an aggregated manner when you interact with our systems or respond to internal surveys (e.g. related to Dr. Reddy's processes or culture)
  - to offer our products and services to our business partners or third parties, by sharing your official contact details or by designating you as a contract signatory.
- processing is necessary for any other legitimate uses stipulated under the DPDP Act, 2023.

## 2.2 Purposes of the processing

We may process your personal information for the following purposes:

- to administer your employment contract with us and fulfil our obligations therein,
- for personnel administration (such as performing employment & background checks, creating & maintaining employee directories, record keeping, relocation and any company specific travel arrangements, benefits and absence management, deputation etc.),
- to carry out tasks in relation to our legal and regulatory obligations, including inspections, audit and reporting (such as income tax, audits, disputes including litigation/arbitration, medical checkups, misconduct or fraud, inspections by regulatory authorities),
- for performing pre-employment medical checkups to assess role fitment and to promote employee wellbeing,
- for your learning and skill development,
- for your payroll administration,
- for facilitating and administering social and financial services related to your employment (such as travel, accident, health, medical insurances),
- to carry out your ongoing performance reviews and values and behavior evaluation
- to seek your feedback and obtain insights about our processes, organisation, and culture through surveys,
- to allow you to participate in conferences and events, managed or sponsored by us,
- to publish content from you and relating to you, including without limitation newsletters, magazines, the internet (e.g., our website or social media handles), events, interviews, brochures, and articles,
- to perform general analytics related to employment such as organizational culture related insights, to ensure security of our intellectual property, and to improve our internal processes, including those gained using emerging technologies,
- to manage your requests or inquiries, also after discontinuation of your employment with us,
- for the security and safety of your information, where required such as to protect unauthorized or unintended disclosure of our intellectual property or confidential information,
- for the promotion of your physical and mental wellbeing during your employment with us,



- for communicating with you for business purposes and business continuity including that during public emergencies,
- for handling misconduct and any violations of our code of business ethics,
- to manage divestments, mergers and acquisitions involving our company, and
- for any other purposes where we have a legitimate interest or is imposed as a requirement under the applicable law and regulatory authorities.

### **3. Who has access to your personal information and to whom are they transferred?**

We may share or transfer your personal information within Dr. Reddy's and its affiliates or to third parties outside the company, including those indicated in this notice.

During the course of our activities and for the same purposes listed in this Privacy Notice, your personal information may be accessed by or transferred to the following categories of recipients, on a need-to-know basis to achieve such purposes:

- Our employees (including HR and other departments or affiliates of Dr. Reddy's only on a need-to-know basis)
- Our contracted third parties, (including IT providers, payroll and staffing providers, auditors, consultants, collaboration or business partners, banking, insurance, and healthcare agencies)
- Our advisors and external lawyers, (including that related to sale or transfer of any part of our business)
- Any third party to whom we may assign or novate any of our rights or obligations.

The above-mentioned third parties are contractually obligated to protect the confidentiality and security of your personal information, in compliance with applicable laws and our policies and standards. This includes those instances where your personal information may be processed, accessed, or stored in a different country which may by default not offer the same level of protection of personal information.

We ensure that transfers to another affiliate or subsidiary of Dr. Reddy's take place only after ensuring compliance with applicable laws and that your information is always protected in line with our global policies and standards.

We may have to disclose your personal information to government agencies, courts, and designated third parties specified if we are required to do so by applicable law, regulations, court orders or decisions.

### **4. How do we protect your personal information?**

We have implemented appropriate technical and organizational measures to provide an adequate level of security and confidentiality of your personal information.

The purpose of these measures is to keep your personal information secure and to protect it against accidental or unlawful destruction or alteration, accidental loss, unauthorized disclosure, or access, and against other forms of unlawful forms of processing.

More information on Dr. Reddy's Information Technology/ Information Security Management System (ISMS) policies can be found on our intranet portal (ihub).



## 5. How long do we store your personal information?

Your personal information will only be retained for as long as necessary to fulfil the purpose(s) for which it was collected or to comply with legal or regulatory requirements. When this period expires, your personal information will be de-identified or anonymized or completely removed from our systems and repositories.

Personal information collected and processed in the context of a dispute are deleted or archived i) as soon as settlement has been reached, ii) once a decision in last resort has been rendered or iii) when the claim becomes time barred.

## 6. What are your rights and how can you exercise them?

If you wish to exercise your privacy rights, such as requesting information of your personal information, a copy thereof, its correction or deletion, or if you wish to withdraw your previously provided consent, contact our HR team at [apslhr@aurigeneservices.com](mailto:apslhr@aurigeneservices.com) while you are being onboarded. As an employee of Dr. Reddy's you can reach out to us via 'Guru' (our query management chatbot). You can also use this channel, should you wish to nominate someone to exercise your privacy rights on your behalf. Your inquiry is subject to the conditions and limits set forth in the law, and to obligations that Dr. Reddy's may have.

If you wish to know about our Data Privacy practices or have further data privacy related questions, please contact your Data Privacy Partner. To find more information on Data Privacy at Dr. Reddy's please visit the Data Privacy page on our intranet (iHub).

You can also contact our Data Privacy Officer at [dataprivacy@drreddys.com](mailto:dataprivacy@drreddys.com) if you wish to register any grievances regarding the performance of our obligations in relation to your personal information or rights.

## 7. How will you be informed of the changes to the Privacy Notice?

We may change or update this Privacy Notice from time to time by posting revised versions on our intranet (ihub) – indicated by 'Last Updated date' at the top. Please keep checking this notice occasionally so that you are aware of any changes.

I have read and understood the above Privacy Notice.

Name	Thiliban M
Employee ID	98037
Place	Bangalore
Date	20-Jan-2025
Signature	<p>Signed by:  <b>Thiliban Manivarma</b></p> <p>E79ECDCF570C4C3...</p>

 <b>AURIGENE</b> PHARMACEUTICAL SERVICES	Issued by:	Legal and Compliance	Version	1
		Conflict of Interest Policy	Effective Date	15 Nov 2021

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 <b>AURIGENE</b> <small>PHARMACEUTICAL SERVICES</small>	Issued by:	Legal and Compliance	Version	1
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## 1.PURPOSE

Aurigene Pharmaceutical Services Limited along with its parent and affiliate companies (collectively referred to as “APSL or Company” is committed to the highest legal, moral and ethical standards in conducting its business. The Company has adopted the Code of Business Conduct and Ethics (referred as “COBE”), which lays down the principles and standards that govern the actions of the Company and its employees.

APSL is further committed to conducting business in a manner that ensures that personal interests of employees do not unduly influence their business judgment and decision making.

Conflict of Interest happens whenever the prospect of direct or indirect personal gain influences or may appear to influence our judgment or actions while discharging duties for APSL.

This Conflict of Interest Policy (referred as ‘OI Policy’ provides guidance for recognising, reporting and resolution of any actual, potential or perceived conflict of interest and should be read along with the COBE.

## 2. APPLICABILITY AND SCOPE

This COI Policy is applicable to all employees (full time or part time, contract employees and consultants), Officers and Board of Directors (collectively referred as “Employees” )of APSL.

## 3. DEFINITIONS

**Actual Conflict of interest** includes situations where Employees face a real or existing conflict of interest.

**Perceived Conflict of interest** includes situations that may appear to be a conflict even though it may not be the case.

**Potential Conflict of interest** includes situations that may result in conflict.

**Third Party** means any natural person or legal entity with whom APSL interacts for obtaining goods or services and includes suppliers, service providers, agents, consultants, distributors / stockists or similarly situated persons.

**Competing Entity** means any entity working in the similar business as that of APSL.

**Closely Related Persons** includes any family member (spouse, parents, children, siblings, parents or siblings of the spouse) and any person with whom Employee has an intimate relationship and those living in the same household as the Employee.

**Senior Management Employees** means Senior Management as defined under SEBI (Listing Obligations and Disclosure Requirements) Regulations 2015 or any other local regulations as may be applicable

## 4. POLICY

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Employees shall always make business decisions in the best interest of APSL. Personal interests that conflict with the interest of APSL or that might influence or appear to influence judgment or actions in discharge of duties should always be avoided.

Avoidance of Conflicts of Interest is an integral part of our way of doing business that helps us to build trust and support amongst colleagues and our stakeholders.

Employees must be aware of any situation that might create Actual, Perceived or Potential Conflict of Interest and shall promptly and fully disclose it to their immediate Manager and Unit/ BU/ Country HR head.

Employees shall avoid getting involved in any decision / selection / assessment / influencing / negotiation in Actual/ Potential/Perceived Conflict of Interest.

## 5. PRINCIPLES

APSL believes in transparency and expects employees to promptly and fully disclose any actual or potential Conflict of Interest situation.

Employees shall immediately disclose if he/she identifies any Actual or Potential Conflict of Interest situation.

### 5.1 Indicative list of Actual or Potential or Perceived Conflict of Interest:

a) Personal workplace relationships:

Employees working in the capacity of a supervisor/subordinate or otherwise having an influence over the conditions of employment of a Closely Related Person.

b) Personal financial interests:

Relationships with business partners and competitors - Employees involved in any hiring decision, including internal / external hiring and internal transfers regarding Closely Related Persons which might impair an Employee's Independence, decision making or judgement.

c) Outside engagements:

Serving on the board of directors or acting as an official or advisor or consultant of any Competing Entity or Third party with whom the Company conducts business, consulting or working for, or receiving fees, commissions or any other compensation from, a Competing Entity or Third party while employed by APSL.

d) Fees, commissions, services, other favors:

Soliciting benefits for Employee or Closely Related Person from a Third Party in exchange for furthering such a Third Party's interests;

Any Employee directly or indirectly entering into a transaction of leasing / renting, selling or purchasing property (owned by Employee or Closely Related Person) with the Company. Property includes movable, immovable or intangible property.

e) Other situations: Misusing or unauthorized sharing of any proprietary or confidential information or other property of the Company.

Employee directly or indirectly (through Closely Related Person) having any financial interest (including stock/shares ownership of 1% and above in case of a listed company) in a Third Party with

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whom there is a direct interface or is a Competing Entity.

Employees shall disclose their Actual or Potential Conflict of Interest to their immediate Manager and Unit/ BU/ Country HR head in the format provided in Annexure 1 and obtain necessary approval.

Additionally, Senior Management Employees or any other employee as may be determined by the management shall provide necessary disclosures in the requisite declaration form periodically to the Corporate Secretarial team.

## 5.2 Responsibility and Accountability:

- a) It is the responsibility of Employee to identify situations that may result in Actual/ Potential/ Perceived Conflict of Interest.
- b) If Employee faces any situation which may result in an Actual or Potential Conflict of Interest, the Employee shall voluntarily disclose to immediate manager & Unit/ BU/ Country HR head and obtain necessary approvals. The Employee must always maintain a copy of the said disclosure and the approval thereof.
- c) HR shall obtain declaration as per Annexure 2 from all new Employees about any Actual or Potential Conflict of Interest at the time of on-boarding and place it in the personal file of Employee.
- d) In case of engagement of any Employee in an activity of providing training or imparting education outside the Company as subject matter expert:
  - i. Employee should refrain from sharing any confidential or proprietary information of the Company.
  - ii. Employee should ensure that the time spent on these activities is not conflicting with assigned job responsibilities of the Company.
- e) In case of any doubt or clarification with respect to the Conflict Of Interest Policy, please reach out to local HR / Business Compliance Lead.

Type of Conflict	Contact for additional guidance
Personal workplace relationships Outside engagements	HR
Personal financial interests Relationships with business partners and competitors Fees, commissions, services, other favors	Business Compliance Lead and in case of a Senior Management Employee also the Corporate Secretarial Team

## 5.3 Data Privacy:

APSL recognizes that reporting of any actual or potential conflict of interest may involve disclosing personal information of Employee or Closely Related Person. Such information shall be handled in accordance with the Global Data Privacy Framework of the Company and applicable/prevailing laws governing privacy or

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data protection.

#### **5.4 Confidentiality of information:**

Any information disclosed by Employee under this Policy shall not be disclosed to anyone without proper authorization and business justification.

#### **6. PRECEDENCE**

The provisions of COBE shall prevail in case of any contradictory provision between this Policy and COBE.

#### **7. IMPLEMENTATION**

All Employees are responsible for adhering to the principles and rules set out in this Policy.

Employees shall familiarize themselves with this Policy and participate in periodically held training sessions conducted by the Legal & Compliance Team.

#### **8. RAISING A CONCERN**

Employees and Third Parties (acting on behalf of AP SL) shall immediately report any noticed or suspected violations of this Policy in good faith by:

- i) Accessing the link on our Company website ([www.aurigeneservices.com](http://www.aurigeneservices.com) --> About Us --> Ombudsperson Reporting).
- ii) Calling on the hotline number 0008 0005 01957 (India Toll Free number). The hotline is available 24x7 in multiple languages.
- iii) Writing to [complianceofficer@drreddys.com](mailto:complianceofficer@drreddys.com) or [chiefombudsperson@drreddys.com](mailto:chiefombudsperson@drreddys.com).
- iv) By Post / Courier to:  
Chief Compliance Officer / Chief Ombudsperson,  
Dr. Reddy's Laboratories Limited,  
8-2-337, Road No. 3, Banjara Hills,  
Hyderabad 500 034, Telangana, India

When you report your concern, you may choose to remain anonymous. However, you are encouraged to identify yourself, as doing so can help resolve the situation, especially if we need to follow up for additional information. When you identify yourself, we will make every reasonable effort to keep your identity confidential.

Company believes in non-retaliation against employees or third parties for raising concerns in good faith or who assists in an investigation of suspected wrongdoing.

Please refer to the Ombudsperson Policy and Non-Retaliation Policy for further information.

#### **9. DISCIPLINARY ACTION**

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Failure to comply with the terms of this Policy may result in disciplinary action including and up to termination of employment or agreement.

#### **10. REVIEW AND AMENDMENT**

The Company reserves its right to amend or modify this Policy, in whole or in part, at any time without assigning any reason.

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**Annexure – 1: Conflict Of Interest Declaration Form**

Employee Name	Thiliban M
Employee ID	98037
Designation & Department	
Please describe below the actual or potential conflict of interest situations you are facing as per 'Conflict of Interest' Policy.	

I and/or my Closely Related Person (as defined in Conflict of Interest Policy) have actual or potential Conflict of Interest in the following transactions / Third Party:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

I hereby declare that the information provided above is true and complete to the best of my knowledge and belief. In addition, I affirm that I will make further disclosures as may be required in future in the event of any change of circumstances. I have read and understood the Conflict Of Interest Policy and agree to abide with the same.

Signed by:  
 Signature  **Thiliban Manivarma**  
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Date: 20-Jan-2025

 <b>AURIGENE</b> <small>PHARMACEUTICAL SERVICES</small>	Issued by:	Legal and Compliance	Version	1
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**Annexure - 2****Conflict of Interest Declaration – New Employee**

(To be obtained at the time of on-boarding of an employee)

I, \_\_\_\_\_ Thiliban M\_\_\_\_\_, hereby declare that I have read and understood the Conflict of Interest Policy of the Company. Further,

I affirm / declare that I am not in contravention of any clauses of the said Policy and there is no Conflict of Interest arising by virtue of my accepting the offer of employment from Aurigene Pharmaceutical Services Limited.

(OR)

I declare that the below mentioned employee is my Closely Related Person and working as Employee in APSL or as 'Third party' for the Company:

Name of Employee / Third party	Function and designation	Nature of relationship

**(Strike off whichever is not applicable)**

1. During my employment with the Company, I will comply with the Conflict of Interest Policy and if any conflicts were to arise, I will ensure that the same is declared and necessary approvals taken as per Conflict of Interest Policy.

Name : Thiliban M  
 Signed by:

Signature **Thiliban Manivarma**

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Employee ID: 98037

Date : 20-Jan-2025



### Employee Identity Card Request Form

Employee code : **98037**  
 First Name (In Capitals) : **Thiliban**  
 Last Name (In Capitals) : **M**  
 Date of Birth : **29-Jul-1997**  
 Date of Joining : **20-Jan-2025**  
 Department :  
 Gender : **Male**  
 Business Unit & Location : **APSL**  
 Blood Group : **B+ve**  
 Identification Marks : **Mole on left hand and stitch mark on the forehead**  
 Residential Address : **03, Bharathi Nagar, Nathapettai, Chinna kancheepuram**  
 Pin Code : **631501**  
 City : **Kanchipuram**  
 State : **Tamil Nadu**  
 Mobile no : **9087117644**  
**Emergency Contact Person** : **Manivarma**  
 Address : **03, Bharathi Nagar, Natha pettai, Chinna kancheepuram, Kanchipuram - 631501, Tamil Nadu**  
 Mobile no : **9444767359**

Signature

Signed by:

**Thiliban Manivarma**

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Name of Admin / HR Fac

### FOR USE OF ADMIN TEAM

Form Rec On

Date of Issue

Issued By

Issued to

	Issued by:	<b>Legal and Compliance</b>	Version	2
	<b>CONFLICT OF INTEREST POLICY</b>		Effective Date	26-Dec-2022

### Annexure III: Declaration of conflict of interest – New Employee

(To be obtained at the time of on boarding of an employee)

Read the definition of Closely Related Persons\* and Indicative list of conflict of interest# available below and Tick appropriate box (A/B).

If you ticked the option 'B', you should also fill in the details in Annexure II and handover it to HR.

I, \_\_\_\_\_, hereby declare that I have read and understood the Conflict of Interest Policy of the Company.

- A. I affirm / declare that I am **not in contravention** of any clauses of the said Policy and there is **NO Conflict of Interest** arising by virtue of my accepting the offer of employment from Aurigene Pharmaceutical Services Limited.

(OR)

- B. I and/or my Closely Related Person have **actual, potential or perceived Conflict of Interest**. I will declare the details in **Annexure II**.

During my employment with the Company, I will comply with the Conflict of Interest Policy and if any conflicts were to arise, I will ensure that the same is declared and necessary approvals taken as per Conflict of Interest Policy.

Thiliban M

Name

Signed by:

**Thiliban Manivarma**

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Signature

98037

Employee ID

20-Jan-2025

Date

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**# Indicative list of actual, potential or perceived**

**Conflict of Interest:**

- Family or friends, considered for a role within your team/ department/ company
- Relationship with other employees/ contractors
- Outside work activities (paid / unpaid)
- Relationship with external parties
- Gifts / Benefits received from external stakeholder associated with the Company
- Financial interest conflict
- Acquaintance with an external stakeholder/ vendor etc., who is engaged by the Company
- Provision of external consultancy services

**\* Closely Related Persons**

- (I) Any person in the employee's immediate or extended family by virtue of birth, adoption, or marriage; or
- (II) Any person with whom the employee has a close personal relationship.

This would include spouse, parents, children, siblings, in-laws, grandparents, grandchildren, step-parents, step-children, half-siblings, cousins, uncles, aunts, neighbors, friends, roommates, etc. If you have any doubt whether a person would be covered in the above definition, please interpret the definition broadly to assume they are covered and accordingly make a declaration.

S.No	Personal Details of the Employee	
1	Name (as per Aadhaar):	Thiliban M
2	Gender:	Male
3	Date of Joining:	20-Jan-2025
4	Role Title, Role Band and Unit:	Computational chemist and ML/AI specialist , S1
5	Date of Birth	29-Jul-1997
6	Place of Birth & State	Chennai
7	i Marital Status (Married or Unmarried):	Single
	ii Date of Marriage : ( if Married )	
	iii Spouse Name & Date of Birth:	
	iv Name of Child1, Gender & Date of Birth:	
	v Name of Child2,Gender & Date of Birth:	
8	Father's Name & Date of Birth :	Manivarma 06-Jun-1966
9	Mother's Name & Date of Birth :	Poongothai 18-May-1969
10	PAN Number:	AZZPT4737H
11	Aadhaar Card No.	781571408888
12	Nandi Amount Contribution: ( per month)	Nil
13	Personal Number (Mobile):	9087117644
14	Blood group:	B+ve
<b>EDUCATION (Begin with the most recent qualification)</b>		
15 (a)	Highest Qualification(Degree/Course) with Specialization:	M Tech with Biology
	Period (From DD/MM/YY to DD/MM/YY):	01-Aug-2018 to 01-May-2020
	College/Institution Name & Location:	Anna University - ACT campus & Chennai, India
15 (b)	Second Highest Qualification(Degree/Course) with Specialization:	B Tech Pharmaceutical Technology
	Period (From DD/MM/YY to DD/MM/YY):	01-Aug-2014 01-Apr-2018
	College/Institution Name & Location:	Anna University - ACT campus Chennai, India
15 (c)	Third Highest Qualification(Degree/Course) with Specialization:	
	Period (From DD/MM/YY to DD/MM/YY):	
	College/Institution Name & Location:	

S.No	Personal Details of the Employee	
	Name (as per Aadhaar card):	Thiliban M
	<b>WORK EXPERIENCE (Begin with the most recent Employment)</b>	
16 (a)	i. Last Employer Name & Location	
	ii. Period (DOJ & D.O.Relieving)	
	iii. Designation (while leaving the company) :	
16 (b)	i. Prior to last Employer Name & Location (If any)	
	ii. Period (DOJ & D.O.Relieving)	
	iii. Designation (while leaving the company) :	
16 (c)	i. Prior to last Employer Name & Location (If any)	
	ii. Period (DOJ & D.O.Relieving)	
	iii. Designation (while leaving the company) :	
16 (d)	i. Prior to last Employer Name & Location (If any)	
	ii. Period (DOJ & D.O.Relieving) & designation	
	iii. Designation (while leaving the company) :	
16 (e)	i. Prior to last Employer Name & Location (If any)	
	ii. Period (DOJ & D.O.Relieving) & designation	
	iii. Designation (while leaving the company) :	
17	Communication address with Pin Code:	03, Bharathi Nagar Nathapettai, Chinna kancheepuram Kanchipuram Tamil Nadu India 631501
18	Permanent Address with Pin Code:	03, Bharathi Nagar Nathapettai, Chinna kancheepuram Kanchipuram Tamil Nadu India 631501

Date: 20-Jan-2025

Name: Thiliban M  
Signed by:Signature   
Thiliban Manivarma

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**EMPLOYEE NON-DISCLOSURE/CONFIDENTIALITY AGREEMENT**

This Confidentiality Agreement ("Agreement") is made on **20-Jan-2025** at **Bangalore**

**BETWEEN**

Mr./Ms **Thiliban M**, S/o or D/o, **Manivarma** aged **28** about years, R/o. Permanent address **03, Bharathi Nagar,Nathapettai, Chinna kancheepuram,Kanchipuram,Tamil Nadu,India**

(herein after referred as 'Employee' which expression shall, unless repugnant to the subject or context, mean and include his heirs, executors and administrators) of ONE PART.

**AND**

AURIGENE PHARMACEUTICAL SERVICES LIMITED, a company incorporated under The Companies Act, 2013, having its registered office at 39-40, KIADB Industrial Area, Electronic City Phase-II, Hosur Road, Bangalore – 560100, India (hereinafter referred to as 'Employer', which expression shall, unless repugnant to the subject or context, mean and include its successors-in-interest and assigns) of OTHER PART.

WHEREAS:

1. The Company is engaged, *inter alia*, in the business of providing research, discovery, development and custom manufacturing services of pharmaceutical products in India and various other countries.
2. The Employee has been provided employment in the post of S1 in band Computational chemist and ML/AI specialist in Department in it's APSL Strategic Business Unit of the Employer and in consideration thereof, the Employer wishes him/her to maintain absolute confidentiality of all confidential information including trade secret/s, invention/s, etc, as more fully elucidated hereunder, relating to the business of the Company, including the maintenance and protection of its intellectual property in the invention/s made by its employees; and
3. In the performance of his/her duties, as he/she does come to possess or have access to confidential information including trade secrets etc., connected with the operations of the Company, to safeguard the interests of the Company, he/she agrees to maintain absolute and strict confidentiality of all the confidential information and/or trade secret/s, invention/s etc. and to assign all rights, title and interests in the invention/s made by him/her as per the terms of this agreement mentioned hereinafter

**NOW, THEREFORE, THIS AGREEMENT WITNESSETH AS FOLLOWS;**

1. In this Agreement unless, expressly excluded or repugnant to the terms herein, the following expressions shall have the following meanings:

- **Confidential Information:** The term Confidential Information used herein means all information and communication whether written, visual or oral or all other material relating to and/or obtained by Employee from the Company or its affiliate during continuance of his/her employment and all information, report, recommendations or advice given to the Company by the Employee in pursuance of his/her duties thereunder. Confidential Information includes but is not limited to the following type/s of information/s and other information of the similar nature whether or not reduced to writing:

Trade secrets, Inventions, drawings, file data, laboratory experimental data, diagrams, specifications, know-how, processes, formulas, models, flow charts, software, test results, information relating to customers. Confidential Information also include any information described above which the Company obtains from another party and which

the Company is required to treat as Confidential Information whether or not owned or developed by the Company. Confidential Information shall specifically include all confidential, proprietary or trade secret information provided to the Company by its potential or actual customers, suppliers, partners, employees, consultants, co-venturers or other third parties; and any other information Page 2 of 5 not generally known to the public (including information about the Company's operations, finances, products or services) that the Company maintains or otherwise considers as confidential all information disclosed or known to the Employee as a consequence of or through his/her employment with the Company, relating/about the Company's services or processes including but not limited to business methods and practices and all other data or information concerning the Company's business, designs, templates, methodologies, handbooks, matrices and client deliverables; names, addresses, business information, contacts, requirements and lists of all Company actual or potential suppliers, customers and partners, and the nature of the Company's relationships with such persons or entities; sales, business, financial or marketing plans, modules, budgets, reports, projections and other information.

However, no information shall constitute Confidential Information if it is generic or general knowledge in public domain.

- **Invention:** The term Invention as used herein shall mean all patentable and non-patentable Inventions, discoveries and improvements, processes and know- how, copyrights new designs and the like discovered or created by the Employee in the course of his/her employment with the Company or discovered or created by the Employee as a result whether directly or indirectly or anything or created by the employee in pursuance of his/her duties under his/her employment and/or based whether directly or indirectly or any other items of the Confidential Information and shall also include ideas, concepts, techniques whether or not patentable or protectable or whether or not reduced to practice.

**2. Employee Representations.** The Employee covenants and agrees as follows:

- a) The Employee shall promptly disclose to his/her immediate superior/s, any such invention, discovery, improvement, process, design, formula or idea which he/she develops during the course of his/her employment whether or not the same is derived out of the Confidential Information.
- b) The Employee hereby agrees to irrevocably assign and transfer to the Employer all rights, title and interests in and to any such Inventions, including but not limited, to all related patents, copyrights and all applications thereof and filings with respect thereto without any remuneration for the same whatsoever.
- c) Employee shall keep and maintain adequate and current written records in the form of notes, sketches, drawings and or such other forms, as may be specified by the Employer, of all Inventions made by the Employee or with respect to all projects undertaken by the Employee whether or not resulting into any Inventions. All such records and their copies, whether compiled or kept at home or at work, shall be available at all times to the Employer and shall remain the sole property of the Employer. The Employee shall have no lien whatsoever on them and he/she shall have no claim for compensation therefore. The Employee further covenants that the opinion of the Company in this regard shall be final and binding. During the contract of employment with the Company, the Employee agrees not to remove from the company premises any documents containing Confidential Information or any other records, manuals, books, forms, documents, memoranda, correspondence, reports, notes, data or

copies thereof which are the exclusive property of the Company and/or which relate/s in any way to the business of the Company, except with the prior written permission of the Company.

d) The Employee shall maintain absolute secrecy of all or any of the information relating to technology systems, methods, processes, documents, information/data, formulae, drawings and agreements that he/she may come across during his/her employment with the Company. The Employee shall not disclose any such information or data that he/she would have come to know during his/her employment with the Company, to any outsider without prior written permission/approval by the Company .

e) If any application for any patent for any Invention is made by the Employee within six months of leaving the services of Employer, such an Invention shall be deemed to have been made or conceived by the Employee during the period of his/her employment with the Employer and Employee specifically agrees to assign all rights, title and interest in such Invention(s) to Employer as per terms of this Agreement. The Employee shall fully assist the Company in maintaining the confidentiality either before or after termination of employment for a period of 5 years. The confidentiality shall survive even after cessation of his/her employment for a period of 5 years. Further, such termination shall not relieve the Employee of any of his/her obligations under this Agreement. The expression "Cessation of employment" shall, be understood to mean any termination of the services of the employee brought out by (a) operation of law; (b) voluntary resignation or voluntary retirement; (c) retirement; (d) termination; by the Employer for whatever reason.

f) The Employee shall assist the Employer at the Employer's expense either during or subsequent to his/her employment by the Employer, to obtain and enforce for the benefit of the Employer any patents, copyrights in any country including India for any and all inventions made by the Employee and shall execute all applications, assignments, instruments and papers and perform all such acts which the Employer may deem necessary or desirable to obtain any patents, copyrights in such Inventions and otherwise to protect the interests of the Employer therein.

g) The Employee hereby authorizes the Employer to provide a copy of this Agreement including any Exhibits hereto if any to any and all of his/her future employers and to notify such future Employers that the Employer intends to exercise its legal rights arising out of or in connection with this Agreement and/or any breach or any inducement of breach hereto.

h) The Employee has represented that he/she has no other agreements or commitments to any other persons or entity, which conflicts with his/her obligations to the Employer under this Agreement. In the event the Employer is bound by confidentiality obligations with respect to any Confidential Information of its third party clients, consultants, vendors or customers, the Employee shall assume similar confidentiality obligations upon itself to the extent he/ she is in possession of such third party client or vendor's Confidential Information. If such third party confidentiality obligations are more stringent than the terms contained herein, then such stringent conditions shall become applicable to the Employee. Further, for the sake of this Agreement, in case the Employer has been employed with any of the affiliate entities of the Company immediately before this employment, then the confidential information received under such previous employment shall be deemed to be included in the definition of Confidential Information of this Agreement. Accordingly, the obligations of this Agreement shall extend to the Employee as if such previous employer's information was received under his/ her current employment with the Company.

i) The Employee shall, on the termination of the Employment in any manner, promptly surrender to the Employer all records, notes, data, sketches, drawings, manuals, documents, records\* data bases, programmes, blue prints, specifications, laboratory

experimental data or results, books, blank forms, letters, memoranda, notebooks, reports, tables, calculations or copies thereof and all other physical forms of expression incorporating or containing any Confidential Information, which are the property of the Company or which relate in any way to the business products or practices, or techniques of the Company, and all other property, trade secrets and confidential information of the Company, including but not limited to, all documents which in whole or in part contain any trade or confidential information of the Company, which, in any of those cases are in his/her possession or control. The Employee shall not retain any copies thereof whatsoever and he/she shall have no lien/charge on them and the Company shall have the right to recover possession in accordance with law.

j) Notwithstanding anything contained anywhere else, in the event of the Employee leaving the employment or his/her employment being terminated by the Employer or on expiry of the employment or on employment otherwise coming to an end, for a period of 5 years from the date of such an event, the Employee shall not, directly or indirectly, whether by himself or with others, engage, either personally or as an employee, associate, partner, manager, agent, advisor, consultant (or in any other capacity whatsoever) of any person, firm or body corporate who may be engaged in or proposing or wanting to engage in or cause to engage in the PROJECT/S INVENTION for which he was employed with the Employer.

k) The Employee shall not, during or after the cessation of the Employment for a period of 5 years, use or disclose, directly or indirectly, other than in connection with his/her employment with the Company, any Confidential Information to any person not authorized by the Company to receive such Confidential Information. He/ she undertakes to use all reasonable and prudent care to safeguard and protect and prevent the unauthorized use and disclosure of Confidential Information. The obligations under this Clause shall however not apply to any Confidential Information that is now, or in the future, in the domain of public knowledge without any breach of any existing confidentiality obligations of the Employee or any third person .

l) The Employee represents and warrants that the Inventions, whether or not patented or copyrighted and whether or not reduced to practice made by the Employee prior to his/her Employment by the Employer and are not subject to the provisions of this Agreement. Provided however, that any improvement whether or not patentable or copyrightable and whether or not reduced to practice, made to or on, or any derivative works made from any of such inventions after commencement of his/her Employment by the Employer are subject to the terms and conditions of the Agreement.

m) The Employee in the event of separation with the Employer for whatsoever reasons should not directly or indirectly, through alliance or partnership and/or proxy, make any attempt to solicit or offer employment to any of the employees of Employer recognizing the fact that such soliciting will break the teamwork causing loss of substantial revenues which otherwise would result in creation of the said proprietary rights to the Company.

3. The Employee further covenants and agrees to the following:

a) She/he shall devote his/her time and efforts to his/her employment for the sole benefit of Employer and shall not take up any other work for remuneration (part time or otherwise) or work in any advisory capacity or be interested in any other trade or business directly or indirectly (except as shareholder, or debenture holder) during the term of his/her employment with the Employer without the permission in writing from the Employer.

b) She/he undertakes that for a period of 5 years from the date of cessation of his/her employment with the company, he/she shall not act in direct competition with the activities of the Company and shall not use the knowledge of inventions, discoveries,

data, secrets, technical know-how, confidential information etc which, he/she made conceived or acquired or came to know during the period of his/her employment in direct competition with the activities of the Company.

- c) During his/her employment by the Employer, the Employee may receive, develop, create or otherwise acquire certain Confidential Information, which shall be held confidential by the Employee and the Employee shall not directly or indirectly reveal, report, publish or disclose such Confidential Information to any person, firm' or any corporation nor shall the employee assist any other person to do so without the prior written consent of the employer. The Employee shall not, except with prior consent or directions from Employer in writing, publish any article or statement, deliver any lecture or broadcast or make any communication to the press relating to the Employer's product, formulae, process, methods and other matters relating to the business of the employer. Further, the Employee shall not use or assist any person to use such Confidential Information except for the benefit of the Employer.
- d) However, the forgoing will not apply in a situation where the Employee is required to disclose any Confidential Information under any applicable law or legal process. In such a case, the Employee shall promptly notify the Employer prior to such disclosure so that the Employer may seek and obtain a protective order or other means of protecting the confidentiality of the Confidential Information. The Employee recognizes that all Confidential Information is important and unique and that it materially affects the Employer's goodwill and its successful conduct of business.

**4. Remedy for Breach.** In case of any breach by the Employee of any of the covenants of this Agreement, the Employer shall have the following rights and remedies each of which rights and remedies shall be independent of each other and severally enforceable and all of its rights and remedies shall be in addition to and not in lieu of any other right or remedy available to Employer under law or in equity.

- a) To have restrictive covenants specifically enforced in a court of competent jurisdiction without having to prove the actual damage. It is acknowledged and agreed that such breach will cause irreparable injury and harm to the Employer and monetary damages will not provide an adequate remedy to the Employer.
- b) The right and remedy to require the Employee to account for and pay to the Company all compensation, profits, monies or other benefits derived or received by him/her or any associated party deriving such benefit as a result of any such breach or restrictive covenants.
- c) The Employee shall indemnify the Employer against any other loss, damages, (including that of consequential damage) cost and expenses which may be incurred by it and which result from or arise out of any such breach or threatened breach of restrictive covenants.

5. In addition to the above, the Employee agrees further that the covenants made herein above and the employment agreement/appointment letter are reasonable with respect to the duration, geographical area and proscription. In the event of actual or threatened breach of the provisions of the covenants herein, the Company shall have the right to obtain injunctive relief and/or specific performance and to seek any other remedy available to it under the law.

6. The Employer reserves its right to assign all rights hereunder to any company or any entity directly or indirectly controlled by the Employer or any successor in interest of its business. The Agreement shall be binding on legal heirs, representatives and administrators of the Employee and shall inure to the benefit of any successors in interest of the Employer's business and assigns of the Employer including any customer or other person or entity to whom the Employer owes an obligation of maintaining confidentiality of such other person's information, knowledge or data.

7. It is reiterated that the covenants and agreements contained in this document shall survive the termination of the contract of employment for a period of 5 years.

8. If any portion of the covenant(s) herein become/s or is/are found to be illegal or unenforceable for any reason, such clause or provision must first be modified to the extent necessary to make the employment agreement legal and enforceable and then if necessary, later, severed from the employment agreement to allow the remainder of the contract of employment to remain in full force and effect.

9. This Agreement supersedes all previous Agreements, written or oral, relating to the subject matter herein and may be modified only by a written agreement duly executed by both the parties.

10. It is further understood and agreed that no failure or delay by the Employer in exercising any right and power under this Agreement shall operate as a waiver thereof, nor shall any single or partial exercise thereof preclude any other or further exercise of any right, power or privilege hereunder.

11. Employee shall not carry out any internal/external activity or provide any kind of support to anyone, whether for consideration or otherwise, against the interests of the Company.

12. This Agreement shall be governed and construed in accordance with the laws of India applicable to contracts.

13. It is specifically agreed that the courts situate in Hyderabad alone shall have jurisdiction on in the subject matter of this Agreement to the exclusion of any other court.

SIGNED AND DELIVERED IN THE PRESENCE OF THE TWO WITNESSES ON THE DAY OF **20-Jan-2025** AT **Bangalore**.

**EMPLOYEE**

Name: Thiliban M by:

Signature: **Thiliban Manivarma**  
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For and on behalf of **EMPLOYER**

Name: Ashutosh Anil Kotwal

Signature:



**WITNESSES:**

1.

2.

**FORM 'F'**

See sub-rule (1) of Rule 6

[ vide rule6(1) of A.P Payment of Gratuity Rules &amp; Payment of Gratuity ( Central ) Rules, 1972]

**1. Nomination**

To,

Aurigene Pharmaceuticals Services Limited

(R.O : 39-40 Hosur Road KIADB Industrial Area, Electronic City Phase II, Bengaluru, Karnataka 560100

H.O: Bollaram Road, Miyapur, Hyderabad – 500049)

I, Shri/Shrimati/Kumari **Thiliban M** 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/are a 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)	(2)	(3)	(4)
Manivarma , 03, Bharathi Nagar, Nathapettai, Chinna kancheepuram, Kanchipuram - 631501, Tamil Nadu	Father		
,			

## 2. Statement

1. Name of employee in full: **Thiliban M**  
 2. Sex: **Male**  
 3. Religion: **Hinduism**  
 4. Whether unmarried/married/widow/widower: **Single**  
 5. Department/Branch/Section where employed:  
 6. Post held with Ticket No. or Serial No., if any:  
 7. Date of appointment: **20-Jan-2025**  
 8. Permanent address:  
     03, Bharathi Nagar, Nathapettai, Chinna kancheepuram,  
     Kanchipuram , Tamil Nadu, India, 631501

Place: BangaloreDate: 20-Jan-2025

Signature/Thumb-impression of the Employee

### Declaration by Witnesses

Nomination signed/thumb-impressed before me

Name in full and full address of witnesses.

1. \_\_\_\_\_

Signature of Witnesses.

1. \_\_\_\_\_

2. \_\_\_\_\_

2. \_\_\_\_\_

Place: Bangalore

Date: 20-Jan-2025

### 3. 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



Signature of the employer/Officer authoris Designation

Date: 20-Jan-2025

Name and address of the establishment or rubber stamp thereof

### 4. Acknowledgement by the Employee

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

Date: 20-Jan-2025

Signature of the Employee

**Note.—**Strike out the words/paragraphs not applicable.



## DECLARATION FORM

Employer's Code No.

FORM-1

## A) Insured Person's Particulars

1 Insurance No.			
2 Name (in block capital)	Thiliban M		
3 Father's/ Husband's Name	Manivarma		
4 Date of Birth	DD MM YY	5. Martial Status	Single
	29-Jul-1997	6. Sex	Male
7 Present Address: 03, Bharathi Nagar  Nathapettai, Chinna kancheepuram Kanchipuram , Tamil Nadu India Pin: 631501 e-mail address: thilibanaussie@gmail.com		8. Permanent Address: 03, Bharathi Nagar  Nathapettai, Chinna kancheepuram Kanchipuram , Tamil Nadu India Pin: 631501 e-mail address: thilibanaussie@gmail.com	
Branch office:		Dispensary:	

## B) Employer's Particulars

10. Date of Appointment	Day	Month	Year
11. Name & Address of the employer			
12. In case of any previous employment please fillup the details as under:-			
Previous Ins. No.			
Empls. Code No.			
Name & Address of the previous employer			

**C) Details of the nominee u/s 71 of ESI Act1948 / Rule 56(2) of ESI (Central) Rules 1950 for payment of cash benefit in the event of death**

Name of the Nominee	Relationship with insured person	Address
Manivarma	Father	03, Bharathi Nagar, Nathapettai, Chinna kancheepuram, Kanchipuram - 631501, Tamil Nadu

I hereby declare that the above particulars have been given by me and are correct to the best of my knowledge and belief. I also undertake to intimate to the corporation any change in the membership of my family within 15 days of such change having occurred.

Counter Signature of the Employer

Signature with Seal

Signature / T.I. of I P

**D) Family Particulars of the Insured Person**

Sl. No.	Name	Date of Birth	Relationship with insured person	Whether residing with him/her or not	If No, State place of Residence
				YES / NO	TOWN STATE
1	Manivarma	06-Jun-1966	Father		
2					
3					
4					
5					
6					
7					

**ESI Corporation**

**Temporary Identity Card – Valid for 3 months from the date of appointment**

Name			
Ins. No		Date of Entry	
Father's/ Husband's Name		Date of Birth	
Branch Office		Dispensary	
Name, Address & Code No. of the employer			

(Place for Photograph)

## **INSTRUCTIONS**

- 1 Submission of Form 1 is governed by regulations 11 & 12 of ESI (General) Regulations, 1950**
- 2 Submission of Form 1 is governed by regulations 11 & 12 of ESI (General) Regulations, 1950**
- 3 \*Family\* means all or any one of the following relatives of an insured person namely:-  
(i) a Spouse (ii) a minor legitimate or adopted child dependent upon the I.P.: (iii) a child who is wholly dependent on the earnings of the I.P and who is (a) receiving education, till he or she attains the age of 21 years (b) an un married daughter; (iv) a child who is infirm by reason of any physical or mental abnormality or injury and is wholly dependent on the earnings of the I.P. so long as the infirmly continues; (v) dependent Parents**
- 4 Identity Card is Non - Transferable**
- 5 Loss of Identity Card be reported to Employer / Branch manager immediately**
- 6 Submission of false information attracts penal action under section 84 of ESI Act, 1948**
- 7 This form duly filled in must reach the concerned Branch office within 10 Days of appointment of an employee. Delay attracts penal action under section 85 of the Act, against the employer**
- 8 As an insured person you and your dependent family members are entitled to full medical benefit from today itself. The other benefits in cash include (1) Sickness Benefit (2) Temporary Disablement Benefit (3) Permanent Disablement Benefit (4) Dependents Benefit and (5) Maternity Benefit (in case of women employees) subject to fulfillment of contributory conditions**
- 9 For more details contact website of ESIC at [www.esic.org.in](http://www.esic.org.in) or contact Regional office or Branch office**

### **FOR BRANCH OFFICE USE ONLY**

- 1. Date of allotment of Ins. No.**
- 2. Date of issue of T.I.C :**
- 3. Name / No. of Disp. :**
- 4. Whether reciprocal Medical arrangements involved, if yes, please indicate**

Signature of Branch Manager



**JOB APPLICATION FORM**

**PERSONAL INFORMATION**

Paste

First Name Thiliban      Surname M  (Provide name and date of birth as per SSC Certificate only)				
Date of Birth(dd-mm-yyyy)	Place of Birth(City / Village) -Chennai			Sex- Male
29-Jul-1997	State: Country:			
Father : Manivarma Spouse Name:			Marital Status:Single	
Present Address : 03, Bharathi NagarNathapettai, Chinna kancheepuram				
City	State	Pin Code	Contact Numbers	Phone-
Kanchipuram	Tamil Nadu	631501		Mobile-9087117644
Permanent Address : 03, Bharathi Nagar Nathapettai, Chinna kancheepuram				
City	State	Pin Code	Contact Numbers	Phone-
Kanchipuram	Tamil Nadu	631501		Mobile-9087117644
E-mail ID :thilibanaussie@gmail.com				

**EDUCATION** (Begin with the most recent qualification and end with Std. X)

Name of Course/Degree	Specialization if any	Name of Institute/ University	Location	Period		Full-time/ Part-time	Marks (% or CGPA)
				From (Month/Year)	To (Month/Year)		
M Tech	Biology	Anna University - ACT campus	Chennai, India	01-Aug-2018	01-May-2020	Full-time	9.49
B Tech	Pharmaceutical Technology	Anna University - ACT campus	Chennai, India	01-Aug-2014	01-Apr-2018	Full-time	

Please explain any gaps in education:

Scholarships and prizes won during academic career:

Special training if any (Project work, Course assignments, Technical training, Professional training etc.):

List any papers published by you/any honors/awards received during employment:

Membership of recognized professional bodies:

Have you been referred by a Placement Agency?:

If yes, name of Placement Agency

**WORK EXPERIENCE**

Name of Present / Last Employer:				Address:  Landline Phone:
Your Designation:		Employee Code:		
Employment Dates	From	To:		Notice Period:
Current Role (In brief):				
Reason For Leaving:		Are you willing to be posted anywhere?: Yes If no, your preferred location:		
Supervisor's Name & Designation:				
Official e-mail ID:				
Fixed Salary (A):	Variable Salary (B):		Total Cost to Company:	
Monthly Salary Break-up		Annual Benefits Break-up		Other benefits (Annual)
Basic		Bonus		Provident Fund
Dearness Allowance		Ex-gratia		Gratuity
House Rent Allowance		LTA		Personal Accident Insurance
Car/Vehicle Allowance		Medical Reimbursement		Medical Benefit
All Others		All Others		Expected Gross Salary pa
Total Monthly Salary		Total Annual Benefit		
Do you have employee stock options?		If yes, current value:		
REFERENCES	Reference (1)			Reference (2)
Name	Karolina mikulska ruminska			Wieslaw Nowak
Company	Nicolaus Copernicus University in Torun			Nicolaus Copernicus University in Torun
Current Designation	Professor			Professor
Nature of Relationship	Teacher / Professor			Teacher / Professor
Land line (with STD code) / Mobile	48566112490			48566113204
How many years you have known him / her?	5			5

**WORK EXPERIENCE**

Name of Present / Last Employer:				Address:  Landline Phone:
Your Designation:		Employee Code:		
Employment Dates	From	To:		Notice Period:
Current Role (In brief):				
Reason For Leaving:		Are you willing to be posted anywhere?: Yes If no, your preferred location:		
Supervisor's Name & Designation:				
Official e-mail ID:				
Fixed Salary (A):	Variable Salary (B):		Total Cost to Company:	
Monthly Salary Break-up		Annual Benefits Break-up		Other benefits (Annual)
Basic	Bonus		Provident Fund	
Dearness Allowance	Ex-gratia		Gratuity	
House Rent Allowance	LTA		Personal Accident Insurance	
Car/Vehicle Allowance	Medical Reimbursement		Medical Benefit	
All Others	All Others		<b>Expected Gross Salary pa</b>	
Total Monthly Salary	Total Annual Benefit			
Do you have employee stock options?		If yes, current value:		
REFERENCES	Reference (1)		Reference (2)	
Name	Karolina mikulska ruminska		Wieslaw Nowak	
Company	Nicolaus Copernicus University in Torun		Nicolaus Copernicus University in Torun	
Current Designation	Professor		Professor	
Nature of Relationship	Teacher / Professor		Teacher / Professor	
Land line (with STD code) / Mobile	48566112490		48566112490	
How many years you have known him / her?	48566112490		48566112490	

## ABOUT YOURSELF

Strengths -	Areas of development -
Why do you want to join Aurigene Pharmaceutical Services Ltd? :	

## ADDITIONAL DETAILS

Type of employment you are interested?:	Full-time ,		
Languages Known:	Tamil, English		
Nationality:	Indian	If other Nationality, Specify:	
Do you hold a valid Passport?	Yes	If Yes, Passport No.:	P2507598 Valid upto: 2026-08-04
Have you been denied VISA to any country?	No	If Yes, please detail:	
Have you attended any selection process atAPSL before?	Yes	If Yes, please detail:	I was interviewed for the role computational chemist and ML/AI specialist
Do you have any relative employed with APSL?	No	If Yes, please detail:	
Have you suffered from any major illness /surgery / accident in the last five years?	No	If Yes, please detail:	
Have you ever been arrested, prosecuted or convicted for any criminal offense, other than minor traffic offences?	No	If Yes, please detail:	
At APSL, we are proud to promote an open culture, encouraging people to be themselves and giving their ideas a chance to flourish. To enable us to meet our commitment as a supportive employer, please let us know if you have a disability: No			
If yes, please detail:			
Do you have any bond /commitment to another employer or organization that might affect your employment with us?: No			
If yes, please detail:			

I hereby declare that my details on this form and on my resume or documents provided by me to APSL are true and correct to the best of my knowledge. I understand that APSL may institute and conduct a background check to verify the information furnished by me. I hereby authorize Aurigene Pharmaceutical Services Ltd. (or a third party agent appointed by the Company) to contact any former employers as indicated above and carry out all background checks not restricted to education and employment as deemed appropriate through this selection procedure. I authorize all persons who may have information relevant to the verification to make disclosures APSL or its representatives/agents. I acknowledge and agree that providing any false information may result in a decision not to hire me or if hired, may result in termination of my employment without any further enquiry. I understand that APSL may notify and publish any information provided by me that is found false. In addition, I understand and agree that APSL has rights to seek any legal remedies including indemnification and damages from me for any loss caused to APSL as a result of any such false information.

Name: Thiliban M

Signed by:  
  
 Thiliban Manivarma  
 E79ECDCF570C4C3...

Place: Bangalore

Date: 20-Jan-2025



(Unexempted Establishment Only)

**PF FORM NO. 11 ( Revised )**

**THE EMPLOYEES PROVIDENT FUND SCHEME, 1952 (Paragraph 34) and THE  
EMPLOYEES PENSION SCHEME, 1995 (Paragraph 24)  
Declaration by a person taking up employment in the establishment  
( To be filled by the employee)**

I **Thiliban M** S/O, W/O, Daughter of **Manivarma**

Do hereby solemnly declare that :-

(a) I was employed in \_\_\_\_\_  
with PF A/c No. and left service on \_\_\_\_\_

\*\*My UAN No: **000000000000** \*\*My PAN No: **AZZPT4737H**

\*\*My Aadhaar Card No: **781571408888** or \*\*My NPR:

(b). I am a member of the pension fund from \_\_\_\_\_

To \_\_\_\_\_ and copy of the scheme certificate is enclosed.

- (c). I have/ have not withdrawn the amount of my Provident Fund / Pension Fund.
- (d). I have/ have not drawn any benefits under the employee's Pension Scheme, 1995 in respect of my past service in any establishment.
- (e). I have/ have never been a member of any Provident Fund and/ or Pension Fund.

Signed by:

**Thiliban Manivarma**

E79ECDCF570C4C3...

\* Signature or left hand thumb impression of the employee

Mobile No: **9087117644**

**Encl:**((i) \*\*Copy of the Scheme Certificate.(ii) \*\* Copy of PAN card (iii) \*\* Copy of Aadhar Card or \*NPR Card  
\*\*Mandate fields. If PAN / Aadhaar is not available please apply immediately and communicate the number to us.

( To be filled by the employer )

(1) Shri / Smt. / Miss **Thiliban** is appointed as **Computational chemist and ML/AI specialist**

in M/s. Aurigene Pharmaceutical Services Limited, at **Bangalore** with effect from **20-Jan-2025**

bearing PF A/c.No. **AP/PTC/2119352/000/**

(2) Copy of Scheme Certificate is enclosed.

(3) Declaration & Nomination in form 2 is enclosed.

Present Employee Code: **98037**

Dated : 20-Jan-2025



Signature of the employer:

=====

\* Left hand impression in the case of illiterate male member and right hand impression by  
illiterate female member.

\* NPR – National Population Registration No. which can be in lieu of Aadhaar Card.

## Certificate Of Completion

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Status: Completed

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Srivali KrishnaPriya M

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Banjara hills

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Hyderabad, Telangana 500034

srivalikrishnapriya.m@drreddys.com

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#### Timestamp

Thiliban Manivarma

 Signed by:  
Thiliban Manivarma

Sent: 1/21/2025 2:25:11 PM

thilibanaussie@gmail.com

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(None)

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Accepted: 1/21/2025 2:38:37 PM

ID: bf154313-d41b-492c-b321-943716de2d0a

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#### Timestamp

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### Notary Events

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### Envelope Summary Events

#### Status

#### Timestamps

Envelope Sent

Hashed/Encrypted

1/21/2025 2:25:11 PM

Certified Delivered

Security Checked

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Completed

Security Checked

1/21/2025 2:39:28 PM

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#### Timestamps

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To contact us by email send messages to: [prasannapardhe@drreddys.com](mailto:prasannapardhe@drreddys.com)

**To advise Dr. Reddy's Laboratories Ltd. of your new email address**

To let us know of a change in your email address where we should send notices and disclosures electronically to you, you must send an email message to us at [sreejiths@drreddys.com](mailto:sreejiths@drreddys.com) and in the body of such request you must state: your previous email address, your new email address. We do not require any other information from you to change your email address.

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