3

4

133366.00

133366.00

6910333

6910333

06-07-2018

07-08-2018



FORM NO. 16 [See rule 31(1)(a)] PART A Certificate under Section 203 of the Income-tax Act, 1961 for tax deducted at source on salary Certificate No. USVFWRA Last updated on 25-Jun-2019 Name and address of the Employee Name and address of the Employer NOVARTIS HEALTHCARE PRIVATE LIMITED 4TH FLOOR, SANDOZ HOUSE, DR. ANNIE BESANT ROAD, VINAY NARAYAN MAHAJAN WORLI, MUMBAI - 400018 805 8TH FLR, C3 LOK EVEREST, JATASHANKAR RD, MULUND Maharashtra (W), MUMBAI - 400004 Maharashtra +(91)22-24988888 HROPERATIONS.INDIA@NOVARTIS.COM Employee Reference No. PAN of the Employee PAN of the Deductor TAN of the Deductor provided by the Employer (If available) MUMN12719A AJUPM3852H AAACN5094N CIT (TDS) Assessment Year Period with the Employer From The Commissioner of Income Tax (TDS) Room No. 900A, 9th Floor, K.G. Mittal Ayurvedic Hospital 2019-20 01-Apr-2018 31-Mar-2019 Building, Charni Road, Mumbai - 400002 Summary of amount paid/credited and tax deducted at source thereon in respect of the employee Receipt Numbers of original Amount of tax deposited / remitted Amount of tax deducted quarterly statements of TDS Amount paid/credited Quarter(s) (Rs.) under sub-section (3) of (Rs.) Section 200 Q1 QTEYQPLA 1371873.00 402482.00 402482.00 Q2 **QTHKCEKF** 1371873.00 400098.00 400098.00 1421873.00 417258.00 417258.00 Q3 **QTLBQBBC** Q4 **QTPXGIEA** 2676323.00 847785.00 847785.00 Total (Rs.) 6841942.00 2067623.00 2067623.00 I. DETAILS OF TAX DEDUCTED AND DEPOSITED IN THE CENTRAL GOVERNMENT ACCOUNT THROUGH BOOK ADJUSTMENT (The deductor to provide payment wise details of tax deducted and deposited with respect to the deductee) **Book Identification Number (BIN)** Tax Deposited in respect of the Sl. No. deductee Date of transfer voucher Status of matching Receipt Numbers of Form DDO serial number in Form no. with Form no. 24G (Rs.) (dd/mm/yyyy) No. 24G Total (Rs.) II. DETAILS OF TAX DEDUCTED AND DEPOSITED IN THE CENTRAL GOVERNMENT ACCOUNT THROUGH CHALLAN (The deductor to provide payment wise details of tax deducted and deposited with respect to the deductee) Challan Identification Number (CIN) Tax Deposited in respect of the Sl. No. deductee Date on which Tax deposited BSR Code of the Bank **Challan Serial Number** Status of matching with (Rs.) OLTAS* **Branch** (dd/mm/yyyy) 1 135750.00 6910333 07-05-2018 23492 F 133366.00 6910333 07-06-2018 20567 F 2

F

12582

12871

Certificate Number: USVFWRA TAN of Employer: MUMN12719A PAN of Employee: AJUPM3852H Assessment Year: 2019-20

a	Tax Deposited in respect of the	Challan Identification Number (CIN)				
Sl. No.	deductee (Rs.)	BSR Code of the Bank Branch	Date on which Tax deposited (dd/mm/yyyy)	Challan Serial Number	Status of matching with OLTAS*	
5	133366.00	6910333	07-09-2018	17501	F	
6	133366.00	6910333	05-10-2018	13475	F	
7	133366.00	6910333	06-11-2018	25338	F	
8	133366.00	6910333	06-12-2018	28268	F	
9	150526.00	6910333	07-01-2019	28343	F	
10	0.00	-	06-02-2019	-	F	
11	134224.00	6910333	06-02-2019	26982	F	
12	133366.00	6910333	07-03-2019	32071	F	
13	0.00	-	07-03-2019	-	F	
14	0.00	-	30-04-2019	-	F	
15	580195.00	6910333	30-04-2019	49756	F	
Total (Rs.)	2067623.00					

Verification

I, GEETHA SUDHEERKUMAR MENON, son / daughter of SANKARANKUTTY MENON working in the capacity of PAYROLL MANAGER (designation) do hereby certify that a sum of Rs. 2067623.00 [Rs. Twenty Lakh Sixty Seven Thousand Six Hundred and Twenty Three Only (in words)] has been deducted and a sum of Rs. 2067623.00 [Rs. Twenty Lakh Sixty Seven Thousand Six Hundred and Twenty Three Only] has been deposited to the credit of the Central Government. I further certify that the information given above is true, complete and correct and is based on the books of account, documents, TDS statements, TDS deposited and other available records.

Place		MUMBAI	
Date		04-Jul-2019	(Signature of person responsible for deduction of Tax)
Designation: PAY	ROLL MANAGER		Full Name: GEETHA SUDHEERKUMAR MENON

Notes:

- 1. Part B (Annexure) of the certificate in Form No.16 shall be issued by the employer.
- 2. If an assessee is employed under one employer during the year, Part 'A' of the certificate in Form No.16 issued for the quarter ending on 31st March of the financial year shall contain the details of tax deducted and deposited for all the quarters of the financial year.

 2. If an excesse is employed under more than one ample year during the year each of the complexer shall issue Part A of the certificate in Form No.16 participing to the participant in Form No.16 issued for the quarter ending on 31st March of the financial year.
- 3. If an assessee is employed under more than one employer during the year, each of the employers shall issue Part A of the certificate in Form No.16 pertaining to the period for which such assessee was employed with each of the employers. Part B (Annexure) of the certificate in Form No. 16 may be issued by each of the employers or the last employer at the option of the assessee.

 4. To update PAN details in Income Tax Department database, apply for 'PAN change request' through NSDL or UTITSL.

Legend used in Form 16

* Status of matching with OLTAS

Legend	Description	Definition
U	Unmatched	Deductors have not deposited taxes or have furnished incorrect particulars of tax payment. Final credit will be reflected only when payment details in bank match with details of deposit in TDS / TCS statement
P	Provisional	Provisional tax credit is effected only for TDS / TCS Statements filed by Government deductors."P" status will be changed to Final (F) on verification of payment details submitted by Pay and Accounts Officer (PAO)
F	Final	In case of non-government deductors, payment details of TDS / TCS deposited in bank by deductor have matched with the payment details mentioned in the TDS / TCS statement filed by the deductors. In case of government deductors, details of TDS / TCS booked in Government account have been verified by Pay & Accounts Officer (PAO)
O	Overbooked	Payment details of TDS / TCS deposited in bank by deductor have matched with details mentioned in the TDS / TCS statement but the amount is over claimed in the statement. Final (F) credit will be reflected only when deductor reduces claimed amount in the statement or makes new payment for excess amount claimed in the statement



FORM NO. 16 PART B Certificate under Section 203 of the Income-tax Act, 1961 for tax deducted at source on salary Certificate No. USVFWRA Last updated on 25-Jun-2019 Name and address of the Employer Name and address of the Employee NOVARTIS HEALTHCARE PRIVATE LIMITED 4TH FLOOR, SANDOZ HOUSE, DR. ANNIE BESANT ROAD, VINAY NARAYAN MAHAJAN WORLI, MUMBAI - 400018 $805\ 8\text{TH}$ FLR, C3 LOK EVEREST, JATASHANKAR RD, MULUND Maharashtra (W), MUMBAI -400004 Maharashtra +(91)22-24988888 HROPERATIONS.INDIA@NOVARTIS.COM**PAN** of the Deductor TAN of the Deductor PAN of the Employee AAACN5094N MUMN12719A AJUPM3852H CIT (TDS) Assessment Year Period with the Employer From To The Commissioner of Income Tax (TDS) Room No. 900A, 9th Floor, K.G. Mittal Ayurvedic Hospital 2019-20 01-Apr-2018 31-Mar-2019 Building, Charni Road, Mumbai - 400002

Details	of Salary Paid and any other income and tax deducted	Rs.	Rs.
1.	Gross Salary	Te.	10.
(a)	Salary as per provisions contained in section 17(1)	6841942.00	
(b)	Value of perquisites under section 17(2) (as per Form No. 12BA, wherever applicable)	0.00	
(c)	Profits in lieu of salary under section 17(3) (as per Form No. 12BA, wherever applicable)	0.00	
(d)	Total		6841942.00
(e)	Reported total amount of salary received from other employer(s)	0.00	
2.	Less: Allowances to the extent exempt under section 10		
(a)	Travel concession or assistance under section 10(5)	0.00	
(b)	Death-cum-retirement gratuity under section 10(10)	0.00	
(c)	Commuted value of pension under section 10(10A)	0.00	
(d)	Cash equivalent of leave salary encashment under section 10 (10AA)		
(e)	House rent allowance under section 10(13A)	0.00	

(f)	Amount of any other exemption under section 10 [Note: Break-up to be prepared by employer and issued to the employee, where applicable, before furnishing of Part B to the employee]			
(g)	Total amount of any other exemption under section 10	0.00		
(h)	Total amount of exemption claimed under section 10 [2(a)+2(b) +2(c)+2(d)+2(e)+2(g)]		0.00	
3.	Total amount of salary received from current employer [1(d)-2(h)]		6841942.00	
4.	Less: Deductions under section 16			
(a)	Standard deduction under section 16(ia)	40000.00		
(b)	Entertainment allowance under section 16(ii)	0.00		
(c)	Tax on employment under section 16(iii)	2400.00		
5.	Total amount of deductions under section 16 [4(a)+4(b)+4(c)]			
6.	Income chargeable under the head "Salaries" [(3+1(e)-5]		6799542.00	
7.	Add: Any other income reported by the employee under as per section 1	92 (2B)	7	
(a)	Income (or admissible loss) from house property reported by employee offered for TDS	0.00		
(b)) Income under the head Other Sources offered for TDS 0.00			
8.	Total amount of other income reported by the employee [7(a)+7 (b)]		0.00	
9.	Gross total income (6+8)		6799542.00	
10.	Deductions under Chapter VI-A			
(a)	Deduction in respect of life insurance premia, contributions to provident fund etc. under section 80C	150000.00		
(b)	Deduction in respect of contribution to certain pension funds under section 80CCC	0.00		
(c)	Deduction in respect of contribution by taxpayer to pension scheme under section 80CCD (1)	0.00		
(d)	Total deduction under section 80C, 80CCC and 80CCD(1)	150000.00		
(e)	Deductions in respect of amount paid/deposited to notified pension scheme under section 80CCD (1B)		0.00	

Certifica	ate Number:	USVFWRA	TAN of Employer: MUMN12719A	PAN of En	iployee: AJUP	M3852H Assessment Year: 2019-20
(f)		tion in respect of e under section 8	contribution by Employer to pension OCCD (2)			0.00
(g)	Deduction in respect of health insurance premia under section 80D					0.00
(h)	Deduction in respect of interest on loan taken for higher education under section 80E					0.00
(i)			ect of donations to certain funds, tc. under section 80G			0.00
(j)		tion in respect of section 80TTA	interest on deposits in savings account	t		0.00
(k)	Amount deductible under any other provision(s) of Chapter VI-A [Note: Break-up to be prepared by employer and issued to the employee, where applicable, before furnishing of Part B to the employee]					
(1)		of amount deduct er VI-A	ble under any other provision(s) of			0.00
11.	Aggregate of deductible amount under Chapter VI-A [10(d)+10 (e)+10(f)+10(g)+10(h)+10(i) 10(j)+10(l)]				150000.00	
12.	Total t	axable income (9	-11)		4	6649542.00
13.	Tax or	n total income				1807363.00
14.	Rebate	e under section 87	A, if applicable			0.00
15.	Surcha	arge, wherever ap	plicable	17		180736.00
16.	Health	and education ce	ess			79524.00
17.	Tax pa	nyable (13+15+16	-14)			2067623.00
18.	Less: Relief under section 89 (attach details)					0.00
19.	9. Net tax payable (17-18)					2067623.00
			Verifica	tion		
<u>PAYR</u>	OLL M	ANAGER (Desig	R MENON, son/daughter of SANKA nation) do hereby certify that the infors, TDS statements, and other available	mation g	given abo	NON .Working in the capacity of ve is true, complete and correct and is based on
Place			MUMBAI		(Signatur tax)	re of person responsible for deduction of
Date			04-Jul-2019		Full Name:	GEETHA SUDHEERKUMAR MENON

Signature valid
Digitally signed by GEETHA
SUDHER WE JON
Date: 2019.07.05 03:20:49
IST

Name: VINAY N MAHAJAN PAN: AJUPM3852H

2.(f) B	2.(f) Break up for 'Amount of any other exemption under section 10' to be filled in the table below					
S No	Amount of any other exemption under section 10 (Rs.)	Gross Amount (Rs.)	Qualifying Amount (Rs.)	Deductible Amount (Rs.)		

10(k). Break up for 'Amount deductible under any other provision(s) of Chapter VIA 'to be filled in the table below					
S No	Amount deductible under any other provision(s) of Chapter	Gross Amount (Rs.)	Qualifying Amount (Rs.)	Deductible Amount (Rs.)	

Place	MUMBAI	
Date	04-Jul-2019	
Designation	PAYROLL MANAGER	
Full Name	GEETHA S MENON	Signature of Person Responsible for Deduction of Tax

Name: VINAY N MAHAJAN PAN: AJUPM3852H

FORM NO. 12BA

[See rule 26A(2)(b)]

Statement Showing particular of perquisites, other fringe benefits or amenities and profits in lieu of salary with value thereof

(1) Name and address of Employer NOVARTIS HEALTHCARE PRIVATE LIMITED

4TH FLOOR, DR. ANNIE BESANT ROAD, SANDOZ HOUSE,

MUMBAI, Maharashtra, 400018

(2) TAN MUMN12719A

(3) TDS Assessment Range of the employer

(4) Name, designation and PAN of employee VINAY N MAHAJAN

DIRECTOR DATA OPERATIONS DEVELOPMENT UNIT

AJUPM3852H

(5) Is the employee a director or a person with substantial interest in the company(Where the employer is a company)

No

(6) Income under the head Salaries of the employee

(Other than from Perquisites)

67,99,542.00

(7) Financial Year 2018-2019

(8) Valuation of Perquisites

S No	Nature of Perquisite (See rule 3)	Value of Perquisite as per rules (Rs.)	Amount, if any Recovered from the employee (Rs.)	Amount of perquisite chargeable to tax col(3) - col(4) (Rs.)
(1)	(2)	(3)	(4)	(5)
1	Accomodation	0.00	0.00	0.00
2	Cars / Other automotive	0.00	0.00	0.00
3	Sweeper, gardener, watchman or personal attendant	0.00	0.00	0.00
4	Gas, electricity, water	0.00	0.00	0.00
5	Interest free or concessional Loans	0.00	0.00	0.00
6	Holiday expenses	0.00	0.00	0.00
7	Free or concessional travel	0.00	0.00	0.00
8	Free Meals	0.00	0.00	0.00
9	Free Education	0.00	0.00	0.00
10	Gifts, Vouchers etc	0.00	0.00	0.00
11	Credit Card Expenses	0.00	0.00	0.00
12	Club Expenses	0.00	0.00	0.00
13	Use of movable assets by employees	0.00	0.00	0.00
14	Transfer of assets to employees	0.00	0.00	0.00
15	Value of any other benefit / amenity / service / privilege	0.00	0.00	0.00
16	Stock options (non-qualified options)	0.00	0.00	0.00
17	Other benefits or amenities	0.00	0.00	0.00
18	Total value of perquisites	0.00	0.00	0.00
19	Total value of profits in lieu of salary as per 17(3)			

Name: VINAY N MAHAJAN PAN: AJUPM3852H

(9) Details of tax

(a)	Tax Deducted from salary of the employee under section 192(1)	20,67,623.00
(b)	Tax paid by the employer on behalf of the employee under section 192(1A)	0.00
(c)	Total Tax paid	20,67,623.00

DECLARATION BY EMPLOYER

I, GEETHA S MENON, son/daughter of SANKARANKUTTY MENON working in the capacity of PAYROLL MANAGER (designation) do hereby declare on behalf of NOVARTIS HEALTHCARE PRIVATE LIMITED (name of the employer) that the information given above is based on the books of account, documents and other relevant records or information available with us and the details of value of each such perquisite are in accordance with section 17 and rules framed thereunder and that such information is true and correct.

Place	MUMBAI	
Date	04-Jul-2019	
Designation	PAYROLL MANAGER	
Full Name	GEETHA S MENON	Signature of Person Responsible for Deduction of Tax

Document certified by GEETHA SUDHEER MENON
<GEETHA MENON@NOVARTISTOM>.

Digitally signed by GEETHA
SUDHEER ME NON
Date: 2019:07:05 03:20:51