



Novartis Healthcare Private Limited
Inspire BKC, 7th floor,
Bandra Kurla Complex Bandra (East)
400 051 Mumbai
Maharashtra
India
CIN-U15202MH1997PTC111257

Addendum to Employment Contract

First Name: **Vinay**

Last Name: **Mahajan**

Personal Number: **40006550**

Dear **Vinay**

The New Global Compensation Framework incorporates a new simplified, transparent and harmonized global framework with the new Levels 1 to 10 for all Novartis associates replacing the current Global Job Family Architecture (GJFA) bands.

You are receiving this addendum as your recent change in employment conditions or new employment contract did not make any reference to the Future Levels, valid as of **April 1, 2024**. At this point in time, all GJFA Bands will be converted into Levels according to the table below:

Current GJFA Band	Future Level (valid as of April 1, 2024)
GJFA 1	Level 8
GJFA 2	Level 7
GJFA 3	Level 6
GJFA 4	Level 5
GJFA 5	Level 4
GJFA 6	Level 3
GJFA 7	Level 2
GJFA 8	Level 1

All other contractual agreements remain in effect without change.

Sincerely,

Novartis Healthcare Private Limited

Date (Day-Month-Year): **2023-11-01**

Niccolo Nitti
Head P&O NOCC & GOC



Declaration of Domestic Partnership

I. Declaration:

We, _____, (Employee Name & ID) and _____,
(Domestic Partner's Name) certify that we are domestic partners meeting all of the following requirements:

DOMESTIC PARTNERSHIP means a committed relationship between two adults (same or opposite sex), that meets all of the requirements below. We attest and declare that the following statements (A through G) are true and correct:

- A. We are each other's sole domestic partner and intend to remain so until further notice;
- B. We have a common residence and intend to continue the arrangement until further notice;
- C. We are at least 18 years of age;
- D. We were both mentally competent to consent to contract when the domestic partnership began and remain so for purposes of contracting for domestic partner;
- E. We share responsibility for a significant measure of each other's financial obligations;
- F. Neither of us is married (legally or by common law) to anyone else;
- G. Neither of us is a domestic partner of anyone else

II. Dependent Children of the Domestic Partner:

(To qualify as a dependent child, the child must be legally adopted child of an employee or his/her domestic partner should be a legal parent of child(ren), legal document to be submitted as a part of the declaration process)

We understand and agree that the following dependent child(ren) _____ (name of child(ren) _____ of _____ (name of employee and _____ (name of domestic partner)

III. Acknowledgement:

We also agree to, and understand that:

1. We must inform Novartis of the dissolution of this domestic partnership (which includes the death of either partner) not later than 30 days after we no longer meet the definition of *Domestic Partnership*;
2. We understand and agree that we have an obligation to notify Novartis, in writing, if any of the criteria specified in paragraphs (a) through (g) above are no longer met. We are aware that we will not be able to change the partner anytime during the policy year and can do so only at the time of policy renewal
3. Willful falsification of information within this document may lead to disciplinary action and/or the recovery of the cost of benefits received related to such falsification

Employee Name & Signature

Domestic Partner's Name & Signature

Date



Novartis Healthcare Private Limited

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400 051 Mumbai
Maharashtra
India
CIN-U15202MH1997PTC111257

Ref (Case Number): **HRC5210416**

BR (Requisition Number):

First Name: **Vinay**

Last Name: **Mahajan**

Employee Code: **40006550**

This letter contains details related to your new role:

Designation: **Therapeutic Data Strategy Director**

GJFA Band: **B3**

Job Location: **Hyderabad-Off**

Effective Date (Year-Month-Day): **2023-11-01**

The other terms and conditions of your employment remain the same.

We trust this role change within Novartis will go a long way in meeting your career aspirations and wish you success in your new role.

Yours Sincerely,

A handwritten signature in blue ink, appearing to read 'Manish Edvankar', with a horizontal line underneath.

Manish Edvankar
Authorized Signatory

For Novartis,



Your CTC break up is as mentioned below (INR):


Basic Salary	3,223,942
Flexi Compensation	4,273,598
Superannuation Fund Amount	0
Annual Base Salary (A)	7,497,540
Employer's Contribution to Provident Fund	386,873
Gratuity	183,120
Total Retirals (B)	569,993
Total Fixed Pay (A+B)	8,067,533
*Target Short-Term Annual Incentive Amount (C)	1,499,508
**Target Sales Incentive Amount (C)	0
Total Cost To Company (A+B+C)	9,567,041

***Annual Incentive**

- It is applicable only for non-sales associates
- It is a percentage of Annual Base Salary.
- Actual payout will be based on Individual's and Novartis performance.

****Sales Incentive**

- It is applicable only for sales associates
- Actual payout will be based on Individual's performance.

DocuSigned by:

 154584A91EF343B...

Certificate Of Completion

Envelope Id: 1D836C3C25D74C45A4488C746AEDE98B

Status: Completed

Subject: Please DocuSign: Novartis HR Document(s)

Source Envelope:

Document Pages: 4

Signatures: 1

Envelope Originator:

Certificate Pages: 4

Initials: 0

HR Novartis

AutoNav: Enabled

Lichtstrasse 35

Enveloped Stamping: Enabled

Basel, Basel 4056

Time Zone: (UTC+01:00) Amsterdam, Berlin, Bern, Rome, Stockholm, Vienna

noreply.hr@novartis.com

IP Address: 37.98.234.12

Record Tracking

Status: Original

Holder: HR Novartis

Location: DocuSign

12/11/2023 6:05:40 PM

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Signer Events

Vinay Mahajan

VINAY.MAHAJAN@NOVARTIS.COM

Security Level: Email, Account Authentication
(None)**Signature**

DocuSigned by:



154584A91EF343B...

Signature Adoption: Pre-selected Style

Using IP Address: 24.239.131.37

Timestamp

Sent: 12/11/2023 6:05:49 PM

Viewed: 12/12/2023 6:16:25 AM

Signed: 12/12/2023 6:18:27 AM

Freeform Signing

Electronic Record and Signature Disclosure:

Accepted: 12/12/2023 6:16:25 AM

ID: f1cab458-d99b-4f28-a481-d29d6e9269bc

Company Name: Novartis

In Person Signer Events**Signature****Timestamp****Editor Delivery Events****Status****Timestamp****Agent Delivery Events****Status****Timestamp****Intermediary Delivery Events****Status****Timestamp****Certified Delivery Events****Status****Timestamp****Carbon Copy Events****Status****Timestamp****Witness Events****Signature****Timestamp****Notary Events****Signature****Timestamp****Envelope Summary Events****Status****Timestamps**

Envelope Sent

Hashed/Encrypted

12/11/2023 6:05:50 PM

Certified Delivered

Security Checked

12/12/2023 6:16:25 AM

Signing Complete

Security Checked

12/12/2023 6:18:27 AM

Completed

Security Checked

12/12/2023 6:18:27 AM

Payment Events**Status****Timestamps****Electronic Record and Signature Disclosure**

ELECTRONIC RECORD AND SIGNATURE DISCLOSURE

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If you decide to receive notices and disclosures from us electronically, you may at any time change your mind and tell us that thereafter you want to receive required notices and disclosures only in paper format. How you must inform us of your decision to receive future notices and disclosure in paper format and withdraw your consent to receive notices and disclosures electronically is described below.

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If you elect to receive required notices and disclosures only in paper format, it will slow the speed at which we can complete certain steps in transactions with you and delivering services to you because we will need first to send the required notices or disclosures to you in paper format, and then wait until we receive back from you your acknowledgment of your receipt of such paper notices or disclosures. Further, you will no longer be able to use the DocuSign system to receive required notices and consents electronically from us or to sign electronically documents from us.

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Unless you tell us otherwise in accordance with the procedures described herein, we will provide electronically to you through the DocuSign system all required notices, disclosures, authorizations, acknowledgements, and other documents that are required to be provided or made available to you during the course of our relationship with you. To reduce the chance of you inadvertently not receiving any notice or disclosure, we prefer to provide all of the required notices and disclosures to you by the same method and to the same address that you have given us. Thus, you can receive all the disclosures and notices electronically or in paper format through the paper mail delivery system. If you do not agree with this process, please let us know as described below. Please also see the paragraph immediately above that describes the consequences of your electing not to receive delivery of the notices and disclosures electronically from us.

How to contact Novartis:

You may contact us to let us know of your changes as to how we may contact you electronically, to request paper copies of certain information from us, and to withdraw your prior consent to receive notices and disclosures electronically as follows:

To advise Novartis 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 privacy@novartis.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.

If you created a DocuSign account, you may update it with your new email address through your account preferences.

To request paper copies from Novartis

To request delivery from us of paper copies of the notices and disclosures previously provided by us to you electronically, you must send us an email to privacy@novartis.com and in the body of such request you must state your email address, full name, mailing address, and telephone number. Please print the online copy of the disclosure.

To withdraw your consent with Novartis

To inform us that you no longer wish to receive future notices and disclosures in electronic format you may:

- i. decline to sign a document from within your signing session, and on the subsequent page, select the check-box indicating you wish to withdraw your consent, or you may;

ii. send us an email to and in the body of such request you must state your email, full name, mailing address, and telephone number. We do not need any other information from you to withdraw consent.. The consequences of your withdrawing consent for online documents will be that transactions may take a longer time to process..

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Acknowledging your access and consent to receive and sign documents electronically

To confirm to us that you can access this information electronically, which will be similar to other electronic notices and disclosures that we will provide to you, please confirm that you have read this ERSD, and (i) that you are able to print on paper or electronically save this ERSD for your future reference and access; or (ii) that you are able to email this ERSD to an email address where you will be able to print on paper or save it for your future reference and access. Further, if you consent to receiving notices and disclosures exclusively in electronic format as described herein, then select the check-box next to 'I agree to use electronic records and signatures' before clicking 'CONTINUE' within the DocuSign system.

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