

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. VLRBYRA Last updated on 01-Aug-2020 Name and address of the Employer Name and address of the Employee NOVARTIS HEALTHCARE PRIVATE LIMITED 7TH FLOOR INSPIRE BKC, BANDRA KURLA COMPLEX, G BLOCK BKC MAIN ROAD, MANIK PRABHU NANNA H NO 3-45/2, NEAR MAIN X ROAD, NARSAPUR, MEDAK - 502313 MAHARASHTRA, MUMBAI - 400018 Maharashtra Telangana +(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 ABRPY2492A 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 2020-21 01-Apr-2019 31-Mar-2020 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 Quarter(s) Amount paid/credited (Rs.) under sub-section (3) of (Rs.) Section 200 Q1 QTRTPIOD 525614.00 95661.00 95661.00 Q2 QTUPWQJF 410614.00 59118.00 59118.00 408114.00 58339.00 58339.00 Q3 QTXMVDGC Q4 **QUBQTBFB** 786835.00 139748.00 139748.00 Total (Rs.) 2131177.00 352866.00 352866.00 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 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)

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Sl. No.	Tax Deposited in respect of the deductee	Challan Identification Number (CIN)					
51. 110.	(Rs.)	BSR Code of the Bank Branch	Date on which Tax deposited (dd/mm/yyyy)	Challan Serial Number	Status of matching with OLTAS*		
1	55547.00	6910333	07-05-2019	32673	F		
2	20447.00	6910333	07-06-2019	16419	F		
3	19667.00	6910333	05-07-2019	20945	F		
4	20226.00	6910333	07-08-2019	15625	F		

Certificate Number: VLRBYRA TAN of Employer: MUMN12719A PAN of Employee: ABRPY2492A Assessment Year: 2020-21

SI No	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	19446.00	6910333	06-09-2019	24046	F	
6	19446.00	6390340	07-10-2019	25965	F	
7	19446.00	6390340	07-11-2019	22055	F	
8	19447.00	6390340	06-12-2019	29945	F	
9	19446.00	6390340	07-01-2020	13642	F	
10	20494.00	6390340	07-02-2020	27514	F	
11	1514.00	6390340	06-03-2020	07925	F	
12	117740.00	6390340	29-04-2020	12680	F	
Total (Rs.)	352866.00					

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. 352866.00 [Rs. Three Lakh Fifty Two Thousand Eight Hundred and Sixty Six Only (in words)] has been deducted and a sum of Rs. 352866.00 [Rs. Three Lakh Fifty Two Thousand Eight Hundred and Sixty Six 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	03-Aug-2020		(Signature of person responsible for deduction of Tax)
Designation: PAY	ROLL MANAGER	V 9	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.
- 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	
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			
Provisional Provisional 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)			
		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)	
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		amount is over claimed in the statement. Final (F) credit will be reflected only when deductor reduces claimed amount in the statement or	





Income Tax Department							
	FORM NO. 16						
	PART B						
Certificate under S	ection 203 of the Income-tax	Act, 1961 for tax deducted	l at source on	salary			
Certificate No. VLRBYRA				Last updated on	01-Aug-2020		
Name and address of the Employer Name and address of the Employee							
NOVARTIS HEALTHCARE PRIVATE LIMITEI 7TH FLOOR INSPIRE BKC, BANDRA KURLA BKC MAIN ROAD, MAHARASHTRA, MUMBAI - 400018 Maharashtra +(91)22-24988888 HROPERATIONS.INDIA@NOVARTIS.COM	MANIK PRABHU NANNA H NO 3-45/2, NEAR MAIN X ROAD, NARSAPUR, MEDAK - 502313 Telangana						
PAN of the Deductor	PAN of the Deductor TAN of the Deductor PAN of the Employee				oloyee		
AAACN5094N	MUMN1	2719A		ABRPY2492	A		
CIT (TDS)		Assessment Ye	ent Year Period with the Employer		the Employer		
The Commissioner of Income Tax (TDS) Room No. 900A, 9th Floor, K.G. Mittal Ayurvedic Hospital Building, Charni Road, Mumbai - 400002		2020-21		From 01-Apr-2019	To 31-Mar-2020		

Details	of Salary Paid and any other income and tax deducted	Rs.	Rs.
1.	Gross Salary		
(a)	Salary as per provisions contained in section 17(1)	2131177.00	
(b)	Value of perquisites under section 17(2) (as per Form No. 12BA, wherever applicable)		
(c)	Profits in lieu of salary under section 17(3) (as per Form No. 12BA, wherever applicable)		
(d)	Total	37	2131177.00
(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)	0.00	
(e)	House rent allowance under section 10(13A)	122796.00	

(f)	Amount of any other exemption under section 10 [Note: Break-up to be filled and signed by employer in the table		
	provide at the bottom of this form]		
(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)]		122796.00
3.	Total amount of salary received from current employer [1(d)-2(h)]		2008381.00
4.	Less: Deductions under section 16		
(a)	Standard deduction under section 16(ia)	50000.00	
(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)]		52400.00
6.	Income chargeable under the head "Salaries" [(3+1(e)-5]		1955981.00
7.	Add: Any other income reported by the employee under as per section 1	92 (2B)	
(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)	and the second	1955981.00
10.	Deductions under Chapter VI-A	Gross Amount	Deductible Amount
(a)	Deduction in respect of life insurance premia, contributions to provident fund etc. under section 80C	374358.00	150000.00
(b)	Deduction in respect of contribution to certain pension funds under section 80CCC	0.00	0.00
(c)	Deduction in respect of contribution by taxpayer to pension scheme under section 80CCD (1)	0.00	0.00
(d)	Total deduction under section 80C, 80CCC and 80CCD(1)	374358.00	150000.00
(e)	Deductions in respect of amount paid/deposited to notified pension scheme under section 80CCD (1B)	0.00	0.00

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(f)	Deduction in respect of contribution by Employer to pension scheme under section 80CCD (2)		0.00		0.00
(g)	Deduction in respect of health insurance premia under section 80D	50000.00			50000.00
(h)	Deduction in respect of interest on loan taken for higher education under section 80E	0.00			0.00
		Gross Amount	Quali Amo		Deductible Amount
(i)	Total Deduction in respect of donations to certain funds, charitable institutions, etc. under section 80G	0.00		0.00	0.00
(j)	Deduction in respect of interest on deposits in savings account under section 80TTA	0.00			0.00
(k)	Amount Deductible under any other provision (s) of Chapter VI-A [Note: Break-up to be filled and signed by employer in the table provide at the bottom of this form]				
(1)	Total of amount deductible under any other provision(s) of Chapter VI-A	0.00			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)]	200000.00			200000.00
12.	Total taxable income (9-11)				1755981.00
13.	Tax on total income				339294.00
14.	Rebate under section 87A, if applicable				0.00
15.	Surcharge, wherever applicable		J		0.00
16.	Health and education cess				13572.00
17.	Tax payable (13+15+16-14)				352866.00
18.	Less: Relief under section 89 (attach details)	0.00			
19.	Net tax payable (17-18)	352866.00			
	Verification				
PAYR	ETHA SUDHEERKUMAR MENON, son/daughter of SANKARANKUT COLL MANAGER (Designation) do hereby certify that the information givoks of account, documents, TDS statements, and other available records.				

Full

Name:

MUMBAI

03-Aug-2020

Place

Date



(Signature of person responsible for deduction of tax)

GEETHA SUDHEERKUMAR MENON

Name: MANIK PRABHU NANNA PAN: ABRPY2492A

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)	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	03-Aug-2020	
Designation	PAYROLL MANAGER	
Full Name	GEETHA S MENON	Signature of Person Responsible for Deduction of Tax

PAN: ABRPY2492A Name: MANIK PRABHU NANNA

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

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

7TH FLOOR INSPIRE BKC, BANDRA KURLA COMPLEX, G

BLOCK BKC MAIN ROAD, MAHARASHTRA, MUMBAI,

Maharashtra, 400018

TAN (2)MUMN12719A

(3) TDS Assessment Range of the employer

(4) Name, designation and PAN of employee MANIK PRABHU NANNA

CLINICAL PROJECT MANAGER

ABRPY2492A

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

No

Income under the head Salaries of the employee (6)

19,55,981.00

(Other than from Perquisites)

2019-2020

Financial Year (7)

(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)			0.00

Name: MANIK PRABHU NANNA PAN: ABRPY2492A

(9) Details of tax

(a)	Tax Deducted from salary of the employee under section 192(1)	3,52,866.00
(b)	Tax paid by the employer on behalf of the employee under section 192(1A)	-
(c)	Total Tax paid	3,52,866.00

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	03-Aug-2020	
Designation	PAYROLL MANAGER	
Full Name	GEETHA S MENON	Signature of Person Responsible for Deduction of Tax

Document certified by GEETHA SUDHEER MENON GEETHA MENON@NOVARTISTOMS.

Digitally signed by GEETHA SUDHEER WE NON Date: 2020-08:03 23:02:10 IST