

Room No. 900A, 9th Floor, K.G. Mittal Ayurvedic Hospital

Building, Charni Road, Mumbai - 400002

TRACES TDS Reconciliation Analysis and Correction Enabling System



FORM NO. 16 [See rule 31(1)(a)]

2016-17

01-Apr-2015

31-Mar-2016

PART A

Certificate under Section 203 of the Income-tax Act, 1961 for tax deducted at source on salary

Certificate No. FKQLGNJ	Last updated on 26-May-2016
Name and address of the Employer	Name and address of the Employee
NOVARTIS HEALTHCARE PRIVATE LIMITED 4TH FLOOR, DR. ANNIE BESANT ROAD, SANDOZ HOUSE, WORLI, MUMBAI - 400018 Maharashtra +(91)22-2498888 HROPERATIONS.INDIA@NOVARTIS.COM	MANIK PRABHU NANNA H NO 3-45/2, NEAR MAIN X ROAD, NARSAPUR, MEDAK - 502313 Telangana

PAN of the Deductor	TAN of the Deductor			PAN of the E	mpioyee		ree Reference No. ed by the Employer lable)
AAACN5094N	MUMN12719A			ABRPY	2492A		
CIT (TDS)			Assessment Ye	ear	Per	iod with	the Employer
The Commissioner of Income Tax	(TDS)				Fro	m	То

Summary of amount paid/credited and tax deducted at source thereon in respect of the employee

Quarter(s)	Receipt Numbers of original quarterly statements of TDS under sub-section (3) of Section 200	Amount paid/credited	Amount of tax deducted (Rs.)	Amount of tax deposited / remitted (Rs.)
Q1	QRHDEDQD	362262.00	40355.00	40355.00
Q2	QRLASPIB	281262.00	15729.00	15729.00
Q3	QRPEHPQG	281262.00	15729.00	15729.00
Q4	QRVGFPHD	440342.00	68878.00	68878.00
Total (Rs.)		1365128.00	140691.00	140691.00

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)

	To Donate de la companya de la compa	Book Identification Number (BIN)				
Sl. No.	Tax Deposited in respect of the deductee (Rs.)	Receipt Numbers of Form No. 24G	DDO serial number in Form no. 24G	Date of transfer voucher (dd/mm/yyyy)	Status of matching with Form 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)

CI No	Tax Deposited in respect of the deductee	Challan Identification Number (CIN)					
Sl. No.	(Rs.)	BSR Code of the Bank Branch	Date on which Tax deposited (dd/mm/yyyy)	Challan Serial Number	Status of matching with OLTAS*		
1	24747.00	6910333	07-05-2015	15451	F		
2	8062.00	6910333	05-06-2015	18814	F		
3	7546.00	6910333	07-07-2015	19990	F		
4	5243.00	6910333	07-08-2015	23373	F		

Certificate Number: FKQLGNJ TAN of Employer: MUMN12719A PAN of Employee: ABRPY2492A Assessment Year: 2016-17

CI N	Tax Deposited in respect of the		Challan Identification	a Identification Number (CIN)		
Sl. No.	deductee (Rs.)	BSR Code of the Bank Branch				
5	5243.00	6910333	07-09-2015	18262	F	
6	5243.00	6910333	06-10-2015	21062	F	
7	5243.00	6910333	06-11-2015	22212	F	
8	5243.00	6910333	07-12-2015	17058	F	
9	5243.00	6910333	07-01-2016	17775	F	
10	5243.00	6910333	05-02-2016	15909	F	
11	14987.00	6910333	04-03-2016	18239	F	
12	48648.00	6910333	29-04-2016	13907	F	
Total (Rs.)	140691.00					

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. 140691.00 [Rs. One Lakh Fourty Thousand Six Hundred and Ninety One Only (in words)] has been deducted and a sum of Rs. 140691.00 [Rs. One Lakh Fourty Thousand Six Hundred and Ninety One 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	30-May-2016	(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.
- 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)
0	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

Emp Code: 40007987

PART B (Annexure)

Details of Salary Paid and any other in	come and tax deduct	ed	
1. Gross Salary			
(a) Salary as per provision contained in sec.17 (1)	1365128		
(b) Value of perquisites u\s 17(2) (as per Form no12 BA,	0		
wherever applicable)			
(c) Profits in lieu of salary under section17 (3) (as per			
Form No. 12 BA, wherever applicable) (d) TOTAL		1365128	
Less: Allowance to the extent exempt under section 10		144300	
3. Balance (1-2)			12208
4. Deductions :			
(a) Entertainment Allowance			
(b) Tax on Employment		2400	
5. Aggregate of 4(a) and (b)		2400	24
6. Income chargeable under the head "Salaries" (3-5)			12184
			12104
7. Add: Any other income reported by the Employee			
Income from House Property			
Other Income			40404
8. Gross Total Income (6+7)			12184
9. Deduction Under Chapter VI-A	GROSS AMT	QUALIFYING AMT	DEDUCTIBLE AM
A) Sections 80C, 80CCC and 80CCD			
a) Sec 80C			
(i) Provident Fund	64440		
(ii) Voluntary Provident Fund	0		
(iii) Superannuation	0		
(iv) Life insurance premium	138414		
(v) Equity Linked Savings Schemes	0		
(vi) Housing Loan Principal Repayment	0		
(vii) NSC	0		
(viii) NSC Interest	0		
(ix) Infrastructure Bond	0		
(x) Contribution to Public Provident Fund	0		
(xi) Senior Citzen Savings Scheme	0		
(xii) Mutual fund/ SIP	0		
(xiii) Child Education Fees	97000		
(xiv) Sukanya Samridhi	0		
(xv) ULIP	49992		
(xvi) Fixed Deposits	0		
(xvii) POTD	0		
(b) Under Section 80CCC	0		
(c) NPS - Employee Contribution -80CCD (1)	0		
Section 80CCE Total		349846	1500

Note: 1. Aggregate amount deductible under sections 80C, 80CCC and 80CCD (1), shall not exceed one lakh fifity thousand rupees.

40007987/ABRPY2492A MANIK PRABHU YERRAVALLI

Employee No 40007987	Employee Name	MANIK PRAE	HU YERRAVALLI	
(B) Other sections under Chapter VI A		Gross Amt.	Qualifying Amt.	Deductible Amt.
(a) NPS Employer Contribution 80CCD (2)		0	0	
(b) Under Section 80CCD (1B)		0	0	
(c) Under Section 80CCG		0	0	
(d) Under Section 80D		29786	29786	
(e) Under Section 80DD		0	0	
(f) Under Section 80GGA		0	0	
(g) Under Section 80DDB		0	0	
(h) Under Section 80E		0	0	
(i) Under Section 80GG		0	0	
(j) Under Section 80U		0	0	
10. Aggregate of deductible amount under chapter VI-A				179786
11. Total Income (8-10)				1038642
12. Tax on Total income				136593
13. Education Cess @3% (on tax computed at S.No.12)				4098
14. Tax Payable (12+13)				140691
15. Less : Relief under section 89				0
16. Net Tax Payable (14-15)				140691

Verification

I, GEETHA SUDHEERKUMAR MENON, Daughter of SANKARANKUTTY MENON, working in the capacity of PAYROLL MANAGER, do hereby certify that the information given above is true, complete, and correct and is based on the books of account, documents, TDS Statements and other available records.

Place MUMBAI Signature of the person responsible for deduction of tax

Date: 30/05/2016 Full Name: GEETHA SUDHEERKUMAR MENON

Designation: PAYROLL MANAGER

40007987/ABRPY2492A MANIK PRABHLI YERRAVALLI

Form 12BA

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

Statement showing particulars 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

4TH FLOOR, DR. ANNIE BESANT ROAD,

SANDOZ HOUSE, WORLI,

MUMBAI.

MAHARASHTRA-400018

2) TAN MUMN12719A MUMWT824 3) TDS Assessment Range of the employer

4) Name, Designation and PAN of the employee MANIK PRABHU YERRAVALLI(40007987)

TRIAL ACCOUNT MANAGER

ABRPY2492A

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

1365128 Rs.

than from perquisites)

2015-2016

7) Financial Year

8) Valuation of Perquisites:

S.No.	Nature of Perquisites (See Rule 3)	Value of perquisite as per rules (Rs.)	Amount, if any, recovered from the employee (Rs.)	Amount of perquisite chargeable to tax (Rs.)
1.	Accomodation	0	0	0
2.	Cars / Other automotive	0	0	0
3.	Sweeper, gardener, watchman or personal attendant	0	0	0
4.	Gas, Electricity, Water	0	0	0
5.	Interest free or concessional loans	0	0	0
6.	Holiday expenses	0	0	0
7.	Free or concessional travel	0	0	0
8.	Free Meals	0	0	0
9.	NPS Perk	0	0	0
10.	Gifts, Vouchers etc	0	0	0
11.	Superannuation	0	0	0
12.	Club expenses	0	0	0
13.	Use of movable assets by employees	0	0	0
14.	Transfer of assets to employees	0	0	0
15.	Value of any other benefit/ amenity/ service/ privilege	0	0	0
16.	Stock options(non-qualified options)	0	0	0
17.	Other benefits or amenities	0	0	0
18.	Total value of perquisites	0	0	0
19.	Total value of profits in lieu of salary as per section 17(3)			

9) Details of Tax

a) Tax deducted from salary of the employee u/s 192(1) 140691 b) Tax Paid by employer on behalf of the employee u/s 192(1A) 0 140691 c) Total Tax Paid d) Date of Payment into Government treasury AS PER FORM 16

DECLARATION BY EMPLOYER

I, GEETHA SUDHEERKUMAR MENON, Daughter of SANKARANKUTTY MENON, working as PAYROLL MANAGER, do hereby declare on behalf of NOVARTIS HEALTHCARE PRIVATE LIMITED 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.

Signature of the person responsible for deduction of tax
Signature

GEETHA SUDHEERKUMAR MENON Full Name :

Designation: PAYROLL MANAGER Digitally signed SŬDHÉE Date: 2016

Date : 30/05/2016

MUMBAI

Place: