

		-		FOR	M NO. 1	16			Incon	ne Tax Department
					rule 31(1)(a)					
				P	ART A					
		Certificate und	er Section 203			61 for tax deducted	at source on sa	ılary		
Certificate No	o. ATJVE	DTL						Last upda	ated on	08-Jun-2018
		Name and address of the l	Employer			Nam	e and address	of the En	nployee	
4TH FLO MUMBA Maharash +(91)22-	OOR, DR. M - 40001 ntra 24988888		SANDOZ HOU	JSE,	Н	IANIK PRABHU NA I NO 3-45/2, NEAR Melangana		O, NARSA	APUR, M	1EDAK - 502313
	PAN of	f the Deductor		TAN of	f the Deduct			vee Reference No. ed by the Employer lable)		
	AA	ACN5094N		MUI	MN12719A		ABRPY24	92A		
		CIT (TDS)				Assessment Yea	r	Per	iod with	the Employer
R	oom No. 9	he Commissioner of Income 900A, 9th Floor, K.G. Mitta uilding, Charni Road , Muml	l Ayurvedic Ho	yurvedic Hospital 2018-19			From		To 31-Mar-2018	
	Du			ited and tax de	educted at se	ource thereon in res	pect of the em	ployee		
Quartei	Quarter(s) Receipt Numbers of original quarterly statements of under sub-section (3) Section 200		f TDS	TDS Amount paid/gradi		Amount of tax deducted (Rs.)		Amount of tax deposited / remitted (Rs.)		
Q1		QSNMTYEB			459472.00	472.00 75714.00				75714.00
Q2		QSQYHZPC			345897.00	897.00 33487.00				33487.00
Q3		QSWWPODF			345897.00	.00 32327.00			32327.00	
Q4		QTBMFRNG			727497.00		179342.00	179342.00		179342.00
Total (F	Rs.)			j	1878763.00		320870.00 320870		320870.00	
I. DE	ETAILS (OF TAX DEDUCTED AND (The deductor to pr				VERNMENT ACC			OK AD	JUSTMENT
	Tay Da	eposited in respect of the			I	Book Identification I	Number (BIN)			
Sl. No.	Tax D	deductee (Rs.)	Receipt Num No.	bers of Form 24G	of Form DDO serial number in Form n 24G		Date of transfer vouch (dd/mm/yyyy)			Status of matching with Form no. 24G
Total (Rs.)										
	II. DETA	AILS OF TAX DEDUCTE (The deductor to pr				AL GOVERNMENT and deposited with r			GH CHA	LLAN
Sl. No.	Tax De	eposited in respect of the deductee		Challan Identification Number (CIN)						
		(Rs.)		e of the Bank canch		Date on which Tax deposited (dd/mm/yyyy)		d Challan Serial Number		itus of matching with OLTAS*
1		18241.00	69	10333		05-05-2017	151	185		F
2		45539.00	69	10333		07-06-2017	118	383		F
3		11934.00	69	10333		07-07-2017	110	660		F
4		11935.00	69	10333		07-08-2017	163	322		F

Certificate Number: ATJVDTL TAN of Employer: MUMN12719A PAN of Employee: ABRPY2492A Assessment Year: 2018-19

	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	10776.00	6910333	07-09-2017	18399	F		
6	10776.00	6910333	06-10-2017	23705	F		
7	10776.00	6910333	07-11-2017	13567	F		
8	10776.00	6910333	06-12-2017	24505	F		
9	10775.00	6910333	05-01-2018	17457	F		
10	10776.00	6910333	07-02-2018	14965	F		
11	45686.00	6910333	07-03-2018	14074	F		
12	122880.00	6910333	27-04-2018	17884	F		
Total (Rs.)	320870.00						

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. 320870.00 [Rs. Three Lakh Twenty Thousand Eight Hundred and Seventy Only (in words)] has been deducted and a sum of Rs. 320870.00 [Rs. Three Lakh Twenty Thousand Eight Hundred and Seventy 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	08-Jun-2018	(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)
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

		other income and tay dod	otod	
Employee	Details of Salary paid and any e Ref. No.: 40007987	other income and tax dedu		or-2017 To 31-Mar-2018
	ss Salary		1101110111	2017 10 31 1744 2010
	Salary as per provisions contained in sec.17(1)	1762463.00		
	Value of perquisites u/s 17(2) (as per Form No.12BA, wherever licable)	116300.00		
	Profits in lieu of salary under section 17(3)(as per Form 12BA, wherever applicable)			
(D)	TOTAL SALARY U/S 17		1878763.00	
2. Les	s: Allowance to the extent exempt u/s 10		32950.00	
3. Bala	ance(1d - 2)		1845813.00	
4. Ded	ductions			
(a) l	Entertainment allowance			
(b) 7	Tax on employment	2400.00		
5. Agg	gregate of 4(a) and 4(b)		2400.00	
6. INC	COME CHARGEABLE UNDER THE HEAD 'SALARIES			1843413.00
7. Add	1: Any other income reported by the employee			
(a) l	Income from House Property		0.00	
(B)	TOTAL OTHER INCOME			0.00
8. GRO	OSS TOTAL INCOME			1843413.00
9. Ded	ductions under Chapter VI-A			
(I) S	Sections 80C, 80CCC and 80CCD			
	(A) Section 80C		Gross Amount	Deductible Amount
	(a) Repayment of Housing Loan Pricipal	0.00		
	(b) Insurance Premium	216623.00		
	(c) Employee PF	79284.00		
	(d) Tution Fee	76500.00		
	(e) Fixed Deposit (More Than 5 yrs)	0.00		
	(f) Mutual Fund	0.00		
	(g) Contribution to PPF	0.00		
	(h) Other	0.00		
	(i) Voluntry PF	0.00		
	(j) Contribution to ULIP	0.00		
	(k) National Saving Certificate (NSC)	0.00		
	(1) Sukanya Samriddhi	0.00		
	(M) GROSS TOTAL		372407.00	150000.00
	(B) Section 80CCC		0.00	0.00
	(C) Section 80CCD: National Pension Scheme			
	Section 80CCD (1): Employee's Contribution		0.00	0.00
	Section 80CCD (1B): Notified pension scheme		0.00	0.00
	(D) AGGREGATE AMOUNT DEDUCTIBLE UNDER SECTION 80CCE			150000.00
	(E) Section 80CCG: Rajiv Gandhi Equity Savings scheme		0.00	0.00
(II) A.	Other sections (e.g. 80E, 80G, 80TTA, etc.) under Chapter VI-			
	(A) Section 80D		30000.00	30000.00

(B) Section 80DD			
(a) 80DD: Handicapped dependents (Severe disability)	0.00		
(b) 80DD: Handicapped dependents (40 % disability)	0.00		
(c) Section 80DD		0.00	0.00
(C) Section 80E		0.00	0.00
(D) Section 80EE		0.00	0.00
(E) Section 80U			
(a) 80 U: Permanent Physcial disablity (40% disability)	0.00		
(b) 80 U : Permanent Physcial disablity (Severe disability)	0.00		
(c) Section 80U		0.00	0.00
10. AGGREGATE OF DEDUCTIBLE AMOUNT UNDER CHAPTER VI-A			180000.00
11. Total Income (rounded value)			1663410.00
12. Tax Before Rebate U/S 87A			311524.00
13. Tax Rebate U/S87A			0.00
14. Tax on total income			311524.00
15. Surcharge			0.00
16. Education cess @ 3%			9346.00
17. Less: Relief under section 89 (attach details)			
18. Net Tax Payable			320870.00
Verifi	cation		

I, GEETHA S MENON, son/daughter of SANKARANKUTTY MENON working in the capacity of PAYROLL MANAGER (designation) 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		
Date	08-Jun-2018	Signature of Person Responsible for Deduction of Tax	
Designation	PAYROLL MANAGER	Full Name	GEETHA SMENON

Signature valid

Digitally signed by SEETHA
SUDHEER NEMON
Date: 2018.08 11 18:02:15 IST
Reason: Formivio 16

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

NOVARTISHEALTHCARE PRIVATE LIMITED (1) Name and address of Employer

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

MUMBAI, Maharashtra, 400018

(2) TAN MUMN12719A

TDS Assessment Range of the employer (3)

MANIK PRABHU YERRAVALLI CLINICAL PROJECT MANAGER (4) Name, designation and PAN of employee

ABRPY2492A

Is the employee a director or a person with substantial interest in the (5)

company (Where the employer is a company)

Income under the head Salaries of the employee (Other than from (6)

1727113.00

Perquisites) (7) Financial Year

Valuation of Perquisites (8)

2017-2018

		Value of Perquisite as		Amount of perquisite
SNo	Nature of Perquisite (See rule 3)	per	Recovered from the	chargeable to tax
(1)	(2)	rules (Rs.)	employee (Rs.)	col.(3)- col.(4) (Rs.)
(1)	(2)	(3)	(4)	(5)
1	Accommodation	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)	116300.00	0.00	116300.00
17	Other benefits or amenities	0.00	0.00	0.00
18	Total value of perquisites	116300.00	0.00	116300.00
19	Total value of profits in lieu of salary as per 17(3)			
	Details of tax			
	(a) Tax Deducted from salary of the employee under section 192(1)			320870.00
(9)	(b) Tax paid by the employer on behalf of the employee under section 192(1A)			
	(c) Total Tax paid			320870.00
	(d) Date of payment into Government treasury	As per Form 16		

DECLARATION BY EMPLOYER

I, GEETHA SMENON, son/daughter of SANKARANKUTTY MENON working as 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 informatoin is true and correct.

Place	MUMBAI		
Date	08-Jun-2018	Signature of	f Person Responsible for Deduction of Tax
Designation	PAYROLL MANAGER	Full Name	GEETHA SMENON

Document certified by GEETHA SUDHEER MENON <GEETHA.MENON@NOVARTISOOM>. Digitally signed by SUDHEER MEN N Date: 2018.06.11 18: Reason: Form No 16 18:02:16 IST