

Sun Pharmaceutical Industries Ltd.

Sun House, Plot No. 201 B/1,
Western Express Highway, Goregaon (E),
Mumbai - 400 063, Maharashtra, INDIA.
Tel. : (91-22) 4324 4324
Fax : (91-22) 4324 4343
www.sunpharma.com
CIN : L24230GJ1993PLC019050



SPIL/COR/HRD/17185/17

October 27, 2017

Mr Shivam Prajapati
Pyare Lal Yadav Building
Civil Line 5, Near of Pumma Sahu Complex
District - Sagar - 470 003
Madhya Pradesh

Dear Mr Prajapati,

With reference to your application and the subsequent interview you had with us, we are pleased to offer you the position of **Executive - Production** in the **G12A** grade in our organization to be based at **Halol**.

Our formal appointment letter giving detailed terms and conditions of your employment shall be issued upon your joining duty, subject to finding your educational and professional documents accurate as mentioned in Personal Information Form, your providing us with a relieving letter from your present organisation and you being found medically fit after examination by a medical practitioner not less than MBBS.

The detail of medical tests to be conducted and requirement documents at time of joining are given in the separately enclosed letters.

Please sign the duplicate copy of offer letter indicating your acceptance and date of joining and return the same to us for our records.

With best wishes

Yours sincerely

For **SUN PHARMACEUTICAL INDUSTRIES LTD.**

AUTHORISED SIGNATORY

Accepted and agreed to join on or before -----

Signature -----

SUN PHARMACEUTICAL INDUSTRIES LTD.

Mr Shivam Prajapati
Executive - Production in the G12A grade
Halol

	₹ (Per Month)
Basic Salary	8750
HRA	4375
Transportation	1600
Supplementary Allowance	1621
Education	200
Medical	1250
Uniform	1200
PDA	417
Attendance Incentive	700
Total Monthly Gross	20113

Annual Benefits

	₹ (Per Annum)
Provident Fund @ 12 %	12600
Leave Travel Allowance (LTA)	20000
Gratuity @ 4.81% (As per Gratuity Act)	5048
Bonus @ 20 %	21000
Total CTC p.a. (Inclusive of LTA, Bonus, PF & Gratuity).	300000

Accepted and agree to join on or before (Date)..... (Name).....

(Signature).....

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October 27, 2017

Mr Shivam Prajapati
Madhya Pradesh

Subject: Documents Required On Joining Day.

Dear Mr Prajapati,

This is in reference to our offer letter, you are requested to carry in original as well as photocopies of below mentioned documents (as applicable to you).

<i>Sr No</i>	<i>Description</i>	<i>Documents</i>	<i>Comments</i>
1.	Educational certificates (X, XIIth, Graduation, Post Graduation	Mark Sheet, Certificates	-
2	Professional Qualification	Mark Sheet, Certificates	If Applicable
3	Proof of Birth	Birth certificate / Leaving Certificate	-
4	Resignation Letter	-	Not Applicable for Freshers
5	Relieving & Experience Certificate	-	Not Applicable for Freshers
6	Pan Card & Aadhar Card	-	-
7	5 Passport Size Photo	-	If covered under ESIC, 1 family photo Post Card Size is required
8	Residential Address Proof (Permanent as well as present)	Ration card/ Passport/ Voter ID/ Electricity/ Telephone bill / Leave & License agreement	Any one
9	Universal Account No. (UAN) from previous organization for Provident Fund		This No. can be availed from HR Department of previous organization
10	PF No. from previous organization (If applicable)	PF Annual Statement slip	

Thanking you

Regards

For **SUN PHARMACEUTICAL INDUSTRIES LTD.**

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SPIL/COR/HRD/16

October 27, 2017

Mr Shivam Prajapati
Pyare Lal Yadav Building
Civil Line 5, Near of Pumma Sahu Complex
District - Sagar - 470 003
Madhya Pradesh

Dear Mr Prajapati,

You are also requested to get the following medical tests conducted as a part of the pre-employment medical checkup:

- CBC
- ESR
- Urine Routine
- Blood Grouping & Rh Factor
- ECG
- General Physician Examination

The amount spend on medical checkup shall be reimbursed, upto a maximum limit of Rs 700/- (Rupees Seven Hundred Only), on submission of bills on your joining duties. You are requested to send us the medical report at our corporate office.

Please note that you should resign from your present employment only on completion of your medical examination and after getting a medically fit report.

Regards,

For **SUN PHARMACEUTICAL INDUSTRIES LTD.**

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Salary Components Re-Allocation Form (G9A & below)

To be filled in as part of the induction and joining kit by the new employee

- As part of your compensation structure, you may be entitled to LTA component up to the amount mentioned in your individual offer letter.
- The amount mentioned there is annual entitlement and is payable only when you submit the claims (subject to accrual as per policy, pro-rated from your date of joining). Any unclaimed balance shall be paid out to you after the end of the year as per policy, post deduction of applicable taxes.
- Hence, in case you feel that the current entitlement is higher than your expected LTA claim for the year, you may wish to reduce this annual reimbursement and move a part or all of your LTA to your monthly salary under supplementary allowance, to increase your monthly cash in hand. Please note that this monthly payment will be subject to normal taxes as applicable and you will not be able to claim tax deduction which is otherwise available on LTA
- To help you in exercising this option, the section below enables you to allocate an amount to this reimbursement (in column 'D') as per your expected actual expenditure during the year. The entire balance amount (amount reduced from the original entitlement) will be moved to your monthly supplementary allowance basis your allocation selected here, thereby increasing the monthly salary.
- The table below provides the reimbursement components applicable to you in column (C). Please fill the amount you want to retain as the new annual reimbursement limit in column (D). This can be any amount from 0 up to a max of the amount mentioned in column (C). The balance {(C)-(D)} will be added to your supplementary allowance. Even if you wish to retain the current entitlement (as per your offer letter), please fill the column (D) below with the existing amounts. Failure to mention any amounts in column (D) below may result in the entire money being moved to Supplementary allowance.

(A) Sr.No.	(B) Salary Component (Reimbursements)	(C) Entitlement as per letter (INR Per Annum) To be pre-filled by TA team as per offer	(D) Amount to be allocated for reimbursement (INR Per Annum) MANDATORY To be filled by the employee at the time of joining formalities	(E) Balance amount that will be moved to Supplementary allowance {(C)-(D)} (INR Per Annum) To be filled and authenticated by TA team/HR Ops and recorded in payroll
1	LTA	20000/- p.a		

- Please note that this allocation can be done only once in a financial year and can NOT be changed thereafter till the next financial year. Accordingly, you will be able to make any changes to this allocation only effective the next 1st April. The tax benefit will be available only for bona fide reimbursements within the allocated limits. Unclaimed balance will be paid post taxes at year end.

I hereby certify that I have made the above allocation(s) after due consideration of its impact and I agree that it will be applicable for the full Financial Year. I understand and agree that during the year, I will not be able to make any further changes in this hereafter. I will provide the original bills and other supporting documents at the time of making such claims to avail the tax benefit and will be fully responsible for any tax liability arising out of them.

(Employee Signature)
Name: _____ Location: _____
Date: _____

For Office Use only:

I hereby certify that I have checked and verified the allocations made by the employee in the table above and correctly updated them in the payroll records and admin records for processing the reimbursements.

HR Administrator Signature: _____ Name: _____ Date: _____