EMERGENCY DIAL 108
MEDICAL HELPLINE DIAL 104
EMERGENCY DIAL 1033
AMBULANCE DIAL 1298

**Date: 17-12-2021**

**Nityananda Dakua,**
**At – Sector – 2, Qtr. No. – A/160,**
**Rourkela - 6, Dist- Sundargarh,**
**Odisha, Pin: 769015.**

**Dear Nityananda,**

Subsequent to the recent discussions that we had with you, we are pleased to make you an offer of employment as follows;

| | |
|---|---|
| **Position** | **: Sr. Executive** |
| **Department** | **: Operations** |
| **Grade** | **: E5** |
| **Designation** | **: Cluster Leader** |
| **Division** | **: 108, Odisha** |
| **Location** | **: Sundargarh** |
| **Proposed date of joining** | **: 05-01-2022** |

Your gross compensation per annum is as discussed and accepted by you. You will be entitled to other benefits in accordance with Company's rules relating thereto, from time to time.

We will like you to join us at our **Bhubaneswar Office, Odisha** latest by the above mentioned date. If you do not join us by this date, we shall treat this offer as withdrawn.

Your appointment will be confirmed post satisfactory reference checks and a medical test should the Company require you to undergo one.

If this offer is acceptable to you, kindly confirm your acceptance by returning the duplicate copy of this letter duly signed.

A formal letter of appointment will be issued to you on your joining us and post completion of all your joining formalities.

Kindly submit the following documents:

1. Eight colored copies of passport size photographs with red background (Latest)
2. Copies of the following;
   a) Age Proof (School Leaving Certificate/PAN Card/Passport).
   b) Residential Proof (Phone Bill/Voter ID/Electricity Bill/Rent Agreement/Passport).
   c) Educational certificates (10th, 12th, Graduation, Post-Graduation)
   d) Resignation letter / Relieving letter from your last employer.
   e) Salary revision letter
   f) Last Pay Slip /Bank Statement
   g) Medical Report; Blood Group
   h) Pan Card, Form No 16 or 12 for Tax Details.
   i) Updated Resume
   j) Police Verification

In case of any query please contact **Mr. Subhransu Mohanty,** your location HR point of contact:

Email: **subhransu.mohanty@zhl.in** Phon**+919078010957**

For **Ziqitza Health Care Limited**

**Human Resource**



**Ziqitza HealthCare Limited**
Correspondence Address : 7th Floor, IDCO Tower, Saheed Nagar, Bhubaneswar - 751007, India.
CIN : U85110MH2002PLC138005 +91 674 6810200 contactus@zhl.in www.zhl.org.in
Registered Address : 23rd Floor, Sunshine Tower, Senapati Bapat Marg, Dadar (W), Mumbai - 400013, India.

## Annexure-1

| | |
|---|---|
| **Name:** | **Nityananda Dakua** |
| **Designation,Department:** | **Cluster Leader, Operations** |
| **Grade,Position:** | **E5, Sr. Executive** |
| **Division,Location:** | **108 Odisha, Sundargarh** |

| | Salary Earnings Components | P.M. | P.A. |
|---|---|---|---|
| | Basic | 15500.00 | 186000.00 |
| | HRA | 7002.00 | 84024.00 |
| | Transport Allowance | 0.00 | 0.00 |
| | City Compensatory Allowance | 0.00 | 0.00 |
| | Personal Allowance | 0.00 | 0.00 |
| A | TOTAL | 22502.00 | 270024.00 |

| | Reimbursements | | |
|---|---|---|---|
| | LTA | 1291.00 | 15492.00 |
| | Medical Allowance | 0.00 | 0.00 |
| | Telephone Allowance | 0.00 | 0.00 |
| | Entertainment Allowance | 0.00 | 0.00 |
| | Book & Periodicals | 0.00 | 0.00 |
| | CAR Allowance | 0.00 | 0.00 |
| | Education Allowance | 200.00 | 2400.00 |
| B | TOTAL | 1491.00 | 17892.00 |

| | | | |
|---|---|---|---|
| | G.Total A+B | 23993.00 | 287916.00 |

| | Statutory Insurance - Employee Contribution | | |
|---|---|---|---|
| | PF (12% of Basic) | 0.00 | 0.00 |
| | ESIC (0.75% of Gross) | 0.00 | 0.00 |
| | Professional Tax | 125.00 | 1500.00 |
| C | TOTAL | 125.00 | 1500.00 |

| | | | |
|---|---|---|---|
| | Net Inhand (A+B)-C | 23868.00 | 286416.00 |

| | Statutory Insurance - Company Contribution | | |
|---|---|---|---|
| | PF (12% of Basic) | 0.00 | 0.00 |
| | EDIL (0.50% of Basic) | 0.00 | 0.00 |
| | PFA (0.50% of Basic) | 0.00 | 0.00 |
| | ESIC | 0.00 | 0.00 |
| D | TOTAL | 0.00 | 0.00 |

| | Other Component | | |
|---|---|---|---|
| | Bonus | 1007.00 | 12084.00 |
| E | TOTAL | 1007.00 | 12084.00 |

| | | | |
|---|---|---|---|
| | Total CTC | 25000.00 | 300000.00 |

| | | | |
|---|---|---|---|
| | TOTAL COST TO COMPANY | 25000.00 | 300000.00 |

***Notes:***

1. ***Bonus will be disbursed quarterly on prorata basis as per Monthly Attendance.***

*Name, date & sign of the individual accepting this offer*