

Pre Interview Form

Date 01-12-2020

Position Applied for Doctor

Name Dr. Nikhil Diwakar Sharma Date of birth 04-12-1983 Age 37

Sex Male

Marital Status Married

Dependents _____

Father/Guardian/Husband's Name Sh. Sudhir Kumar

Occupation of Father/Guardian/Husband _____

Temporary Address 60-A, Saljan Enclave, Delhi-95

Contact (Ph.) Nos. Res. _____

(Direct/PP) Office (Ph.) _____

Mobile: 8545 694959

Email: ArniKayan@gmail.com

Permanent Address 60-A, Saljan Enclave, Delhi-95

Academic Qualifications :

A. Name of School _____ Degree/Diploma _____ Year of Passing _____ Div. % Marks _____ Subjects _____

B. Name of Instt /College _____

2. Kurukshetra University 2008

3. _____

4. _____

C. Short term courses / Special Training

5. BAMS

6. _____

Hobbies / Interests : _____

Skills _____

Professional Extra Curricular Activities : _____

Languages known (fluent/fair) :

English ☒

Hindi ☒

Others _____

Current Salary - _____

Expected Salary - _____

References :

Name _____ Designation _____

Company / Organisation _____

Address _____

Phone (O) _____

(R) _____

(M) _____

Name _____

Designation _____

Company / Organisation _____

Address _____

Phone (O) _____

(R) _____

(M) _____

Notice period (if any) _____

(month/s/days)

(Signature)

	Manager's Designation	Employee Designation Held	Period of Employment	Gross Salary drawn (Monthly)	Brief description of functions and duties	Reasons for leaving
Previous	MR. Shankar Shreebhatta	Regional Mgr. of Clinics	2013-2017	35200	OPD / Patient handling, treatment	Personal
Second Last						

Additional Comments:-

Date:-

Signature:-

[Signature]

[Signature]

Jr. Nikhil Diwakar sharma

Address: 60-A, satyam enclave, jhilmil dda flats, delhi-110095

Phone: 8595694959

Email: drinkayur@gmail.com

OBJECTIVE - To implement my expertise in the field of medicine, to cure the sick community and needy along with spreading awareness among the masses to maintain hygiene and good health, promoting Ayurveda. Thereby providing name, fame and money for myself and to hospital (institution) for which I work

WORK EXPERIENCE

Vastly experienced in treating complicated chronic disorders

2009-2012

Worked for

- Kudos Ayurveda
- APCO
- Ayurkalp

2013-2018

Worked for

- Jiva ayurveda as Sr. clinic consultant

At Present Private practice

EDUCATION

Bachelor of Ayurvedic Medicine and Surgery
Kurukshetra university (2008 batch)

ADDITIONALSKILLS -

Expertise in :-

- treating all kind of life style disorders applying authentic ayurveda principles
- GIT disorders, skin disorders, allergies
- muscular skeleton disorders,
- Counselling



Karma Ayurveda

NSP, New Delhi - 110085



Name Dr. Nihil Diwakar Sharma Designation DOCTOR

Date Of Birth 4-12-1983 Date Of Joining 7-12-2020

Present Address 60-A, Latyam Lane, Delhi-95

LandMark near (opp) Ginger hotel

Period of Stay From 2017 To till date

Permanent Address Same

LandMark

Period of Stay From To

Mobile Number 8595694959 Alternate Number

Bank Account No. IFSC Code

Bank Name

Details of Previous Employers:-

Company Name JIVA AYURVEDA

Employee ID 20115 Reason for leaving Family reason

From (dd/mm/yy) NOV 2013 To (dd/mm/yy) AUG 2017

Address Faridabad

Job Title

Supervisor's Details:-

Name Mr. Shankar Shrestha Title

Contact Number 8384001062 Landline No

Email Id (Official)

Shankar

Karma Ayurveda

NSP, New Delhi - 110085

Joining Report

Date of joining 7-12-2020 Post DOCTOR
Dept. in which posted BAMS
Pay Scale/ Salary _____
Full Name NIKHIL DIWAKAR SHARMA
Father's/ Husband Name Sh. Sudhir Kumar
Present Address (Res.) 60-A, Sarjan enclave, Delhi - 75
Tel. No. 8595694959
Permanent Address (Res.) _____
Tel. No. _____

I have read and will abide by the Code of Conduct and Rules & Regulations of the hospital and will discharge my duties & responsibilities as may be assigned to me by the Hospital Administration from time to time.

Full Signature

Initials

(For Official use only)

Date

Allowed

(Competent Authority)

Designation

Employee No.

Name

Initials

(HR Department)

LIST OF DOCUMENTS VERIFIED WITH ORIGINALS

✓ Matriculation/ Sr. Secondary School Certificate	Yes/No
✓ Intermediate/ Diploma/ Graduation	Yes/No
✓ Degree/ Post Grad	Yes/No
✓ Pass Card	Yes/No
✓ ID Card/ Letter	Yes/No
✓ Experience Letter	Yes/No
✓ Salary Slip/ Bank Statement	Yes/No
✓ F. Form/ C. Form/ Bank Statement	Yes/No

Rabhi

(NOMINATION FORM)

Karma Ayurveda
KCMIL/NSP
New Delhi-45

I, Mr. Nishant Divakar Sharma Do/W/o Dr. Sudhakar Prasad

Whose particulars are given in the statement below, hereby nominate the person(s) mentioned below to receive the amount of service benefits and gratuity payable after my death. The said amount of service benefits and gratuity shall be paid in proportion indicated against the name(s) of the nominee(s). Nomination made herein invalidates my previous nomination.

Nominee(s)

Name and address of the nominee(s) (To be filled)	Relationship with the Employee	Date of Birth Age of the nominee	Proportion by which the service benefits and gratuity will be shared
1. <u>Pragathi</u> <u>Rajesh Sharma</u>	<u>wife</u>	<u>22/6</u>	<u>100%</u>
2.			
3.			

Statement

1. Name of Employee in full: NISHANT DIVAKAR SHARMA
2. Employee No.:
3. Post: DOCTOR
4. Department/Branch/Section where employed: OPD
5. Date of Appointment: 7-12-2010
6. Whether unmarried/married/widow/widower
7. Sex: MALE
8. Religion: HINDU
9. Permanent Address: 60-A, Langmanselane, Delhi-45
10. Telephone/Mobile No.: 9595194959

[Signature]

Karma Ayurveda

NSP, New Delhi - 110 085

Date: 7-12-2020

Please fill the following information (in Capital Letters only) for New Identity Card

Paste
Photograph
Here

Name

DR. NIKHIL DIWAKAR CHATMA

Designation

DOCTOR

Emp. No.

Date of Joining

7-12-2020

Res. Address

60-A, SATYAM ENCLAVE, DELHI-95

Pin Code

Contact No. Res

7838025587 (Mob) 8595694959

Email ID

drnikayus@gmail.com

Blood Group

O+

Adhar Card No

329091545645

Pan Card No

ASTJN6600J

HR Department

Chatma

Date 7-11-2020

UNDERTAKING

I, NIRALI DURGABAI SHARMA S/o. D/o. W/o. Sh. Sudhakar Kumar R/o

80-A, Patiyam Surlane, Delhi - 95 Contact No. 8895644957

Working as AYURVEDA DOCTOR in Karma Ayurveda, NSP, New Delhi 110075, since _____ till date. I hereby declare that I have never been arrested/ kept under detention/ bound down/ fined by court of law/ convicted by a court of law for any offence prosecuted for any criminal/ civil offence nor I have any criminal case pending against me in any police station / court of law and any case pending against me in any university or any other educational authority/ institution.

Nirali D. Sharma
Signature of Employee

Karma Ayurveda
NSP,
New Delhi - 110075

Name of the Employee _____
Designation _____
Emp. No. _____

Abdul

AUTHORIZATION NOTE

"To whom so ever it may concern"

I hereby authorize the retained third party verification services provider engaged by M/s. **Karma Ayurveda** to obtain investigative employment screening report in connection to my application for employment. I understand that the continuance of employment or the offer of employment is contingent upon the outcome of the background check conducted.

All the information furnished by me in the Candidate Information Sheet is true to the best of my knowledge.

Candidate Signature: *[Signature]*

Candidate Name: Dr. SIKHIL DIMPARE SHAKIA

Date: 3-12-2018

Place: Nitay, Gurgaon/Haryana, Delhi

[Signature]
Date

EMPLOYEE DECLARATION
FORM

1. NAME

Dr. Nikhil Brookan Sharma

2. FATHER/HUSBAND'S NAME

Sh. Sudhir Kumar

3. DATE OF BIRTH

4-12-1983

4. PRESENT ADDRESS

60-A, Satyam enclave Delhi-48

5. PERMANENT ADDRESS

60-A, Satyam enclave Delhi-48

(Printed on Adhar card or Voter ID or Passport)

6. SEX

Male

7. MARITAL STATUS

Married

8. NAME OF NOMINEE

Mayank Sharma

9. DATE OF BIRTH OF NOMINEE

10. RELATION WITH NOMINEE

Wife

11. AADHAR NUMBER

329091595645

12. EXISTING EPF UAN NO.

13. EXISTING (PREVIOUS COMPANY) ESINO.

14. PANNO.

ASNP660PJ

15. MOBILE NO.

8595694959

16. DATE OF APPOINTMENT

Rahul

NONA

BANS (MOD)

18. BANK ACCOUNT DETAILS

- a. A/C No.
- b. IFSC CODE
- c. MICR CODE
- d. BRANCH ADDRESS
- e.

Same as bank Details

U

SIGNATURE

Abul
She

FAMILY DETAILS

S.NO.	NAME	DOB	RELATION WITH EMPLOYEE	ADDRESS IF NOT RESIDING WITH EMPLOYEE
P	Maya Sharma		wife	60-A, Satyam enclave Delhi-110
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				

Hand
Shr

RAVITA VERMA'S

Account No: 387143026 387143026

GSTIN: 07AAJCC24120123

Branch Address And Tel No.:

S. RAVITA VERMA

DELHI

DIST: DELHI

110042

Tel: 22651661

Name and address of Account Holder is:

Dr. NIKHIL DIXAKAR SHARMA

60 - A

PRINCE D D N PLATS

BATTAH ENCLAVE

110045

CIT: 0435094555

Registration: 8

WICR Code: 110016000

IFSC Code: 02100212043 02100212043

16/12/2020

Tollfree no: 1800221911



Dtd. 22 Dec 20

हमारी सेवाएं: एटीएम कार्ड, मोबाइल बैंकिंग, इंटरनेट बैंकिंग, क्रेडिट कार्ड, सास्टीनोएम / एसीएम

ATM Cards, Mobile Banking, Internet Banking, Credit card, RTGS/NEFT

KRM Ayurveda PVT LTD

Photo

Name Dr. NIKHIL DIWAKAR SHARMA Designation DOCTOR

Date Of Birth 04-12-1983 Date Of Joining 07-12-2020

Present Address 60-A, Satyam Enclave, Delhi-110095

LandMark _____

Period of Stay _____ From 2017 To till date

Permanent Address Same as above

LandMark _____

Period of Stay _____ From _____ To _____

Mobile Number 8595694959 Alternate Number _____

Bank Account No. _____ IFSC Code _____

Bank Name _____

Details of Previous Employers:-

Company Name Jiva Ayurveda

Employee ID 20115 Reason For Leaving family reason

From (dd/mm/yy) Nov' 2013 To (dd/mm/yy) Aug 2017

Address Faizabad

Job Title _____

Supervisor's Details:-

Name Mr. Shankar Sheetha Title _____

Contact Number _____ Landline No. _____

Email Id (Official) _____

Shankar

KRM Ayurveda PVT LTD

Joining Report

Date of Joining 7-12-2020 Post Doctor
Dept. in which posted _____
Pay Scale/ Salary _____
Full Name Nikhil Diwakar Sharma
Father's/ Husband Name Sh. Sudhir Kumar
Present Address (Res.) 60-A, Satyam Enclave, Delhi-95
Tel. No. 8595694959
Permanent Address (Res.) _____
Tel. No. _____

I have read and will abide by the Code of Conduct and Rules & Regulations of the hospital and will discharge such duties & responsibilities as may be assigned to me by the Hospital Administration from time to time.

Full Signature

Initials

Allowed

(For Official use only)

Date

(Competent Authority)

Name _____ Designation _____ Employees No. _____

Pan No. _____

Initials
(HR Department)

LIST OF DOCUMENTS VERIFIED WITH ORIGINALS

- | | |
|---|--------|
| 1. Matriculation Sr. Secondary School Certificate | Yes/No |
| 2. Certificate/Diploma Graduation | Yes/No |
| 3. Ahar Card | Yes/No |
| 4. Pan Card | Yes/No |
| 5. Offer letter | Yes/No |
| 6. Experience letter | Yes/No |
| 7. Salary Slip/ Bank Statement | Yes/No |
| 8. Canceled Cheque/ Bank Statement | Yes/No |

Baru

(NOMINATION FORM)

To,

KRM Ajarveda PVT LTD
NDMC NSP
New Delhi-85

I, Dr. Nitish Divakar Sharma do hereby nominate

Whose particulars are given in the statement below, hereby nominate the person(s) mentioned below to receive the amount of service benefits and gratuity payable after my death. The said amount of service benefits and gratuity shall be paid in proportion indicated against the name(s) of the nominee(s). Nomination made herein invalidates my previous nomination.

Nominee(s)

Name and address of the nominee(s) (No initials)	Relationship with the Employee	Date of Birth Age at nomination	Proportion by which the service benefits and gratuity will be shared.
1. <u>Mayraa Singh Sharma</u>	<u>wife</u>	<u>3-1 F</u>	<u>100%</u>
2.			
3.			

Statement

1. Name of Employee in full: Nitish Divakar Sharma
2. Employee No.:
3. Post: Doctor
4. Department/Branch/Section where employed: Clinic
5. Date of Appointment: 07-12-2010
6. Whether unmarried/married/widow/widower: Married
7. Sex: Male
8. Religion: Hindu
9. Permanent Address: G-4, Saljan Enclave, Delhi-95
10. Telephone/Mobile No.: 8545694939

Aravali

KRM Ayurveda PVT LTD

Date: 07-12-2020

Please fill the following information (in Capital Letters only) for New Identity Card

Paste
Photograph
Here

Name DR. NIKHIL DIWAKAR SHARMA
Designation DOCTOR
Emp. No. _____
Date of Joining 07-12-2020
Res. Address 60-A, SATYAM ENCLAVE, DELHI-95
Pin Code _____
Contact No. Res. 7838025587 (Mob.) 8595694959
Email ID drnikayur@gmail.com
Blood Group B+
Adhar Card No. 329091545645
Pan Card No. ASJPN 6600J

HR Department

Rakul

Date 07-12-2020

UNDERTAKING

I, Nikhil Divakar Sharma S/o, D/o, W/o Sh. Sudhir Kumar R/o
60-A, Satyam Enclave, Delhi - 95 Contact No. 8595694959

Working as Ayurveda Doctor in KRM Ayurveda PVT LTD, NSP, New Delhi
- 110075, since 7-12-2020 till date. I hereby declare that I have never been arrested/ kept under
detention/ bound down/ fined by court of law/ convinced by a court of law for any offence/
prosecuted for any criminal/ civil offence nor I have any criminal case pending against me in
any police station / court of law and any case pending against me in any university or any other
educational authority/ institution.

Nikhil Divakar
Signature of Employee

KRM Ayurveda PVT LTD
NSP,
New Delhi - 110075

Name of the Employee Nikhil Divakar
Designation Doctor
Emp. No. _____

Sharma

AUTHORIZATION NOTE

'To whom so ever it may concern'

I hereby authorize the retained third party verification services provider engaged by M/s. **KRM Ayurveda PVT LTD** to obtain investigative employment screening report in connection to my application for employment. I understand that the continuance of employment or the offer of employment is contingent upon the outcome of the background check conducted.

All the information furnished by me in the Candidate Information Sheet is true to the best of my knowledge.

Candidate Signature: Nikhil

Candidate Name: Nikhil Diwalcar Sharma

Date: 07-12-2020

Place: Delhi

For signature

EMPLOYEES' PROVIDENT FUND ORGANISATION

Employees' Provident Fund Scheme, 1952 (Paragraph 34 & 37) &

Employees' Pension Scheme, 1995 (Paragraph 34)

(Declaration by a person taking up employment in any establishment on which EPF Scheme, 1952 and/or EPS, 1995 is applicable)

1	Name of the member	Dr. Nikhil Bivakar Sharma
2	Father's Name ☒ Spouse's Name ☐ (Please tick whichever is applicable)	Andher Kumar
3	Date of Birth: (DD/MM/YYYY)	04-12-1983
4	Gender: (Male/Female/Transgender)	Male
5	Marital Status: (Married/Unmarried/Widow/Widower/Divorced)	Married
6	(a) Email ID: (b) Mobile No.:	drnichayn@gmail.com 8545694959
7	Whether earlier a member of Employees' Provident Fund Scheme, 1952	Yes / No
8	Whether earlier a member of Employees' Pension Scheme, 1995	Yes / No
9	Previous employment details: [if Yes to 7 AND/OR 8 above]	
	a) Universal Account Number	
	b) Previous PF Account Number:	
	c) Date of exit from previous employment: (DD/MM/YYYY)	
	d) Scheme Certificate No. (if issued)	
	e) Pension Payment Order (PPO) No. (if issued)	
10	a) International Worker:	Yes / No
	b) If yes, state country of origin (India/Name of other country)	
11	c) Passport No.	
	d) Validity of passport [(DD/MM/YYYY) to (DD/MM/YYYY)]	
	KYC Details: (attach self attested copies of following KYCs)	
	a) Bank Account No. & IFSC Code	3871493026, CIBIN0282843
	b) AADHAR Number	329091545645
	c) Permanent Account Number (PAN), if available	ASJPN 6600J

UNDERTAKING

- I certify that the particulars are true to the best of my knowledge.
- I authorize EPFO to use my Aadhar for verification/authentication/KYC purpose for service delivery.
- I kindly transfer the funds and service details, if applicable, from the previous PF account as declared above to the present PF Account.
(The transfer would be possible only if the identified KYC detail approved by previous employer has been verified by present employer using his Digital Signature Certificate)
- In case of changes in above details, the same will be intimated to employer at the earliest.

Date
Place

DECLARATION BY PRESENT EMPLOYEE

- A. The member Mr./Ms./Mrs. _____ has joined on _____ and has been allotted PF Number _____
- B. In case the person was earlier not a member of EPF Scheme, 1952 and EPS, 1995
- (Post allotment of UAN) The UAN allotted for the member is _____
 - Please Tick the Appropriate Option:
The KYC details of the above member in the JAG database:
Have not been uploaded
Have been uploaded but not approved
Have been uploaded and approved with DSC
- C. In case the person was earlier a member of EPF Scheme, 1952 and EPS, 1995
- The above PF Account number/UAN of the member as mentioned in (A) above has been tagged with member's UAN/Previous Member ID as declared by member.
 - Please Tick the Appropriate Option:
The KYC details of the above member in the UAN database have been approved with Digital Signature Certificate and transfer request has been generated on portal.
As the DSC of establishment is not registered with EPFO, the member has been intimated to file physical claim (Form-33) for transfer of funds from his previous establishment.

Date

Signature of Employer with Seal of Establishment

OFFER LETTER

Dear Dr.Nikhil Diwkar Sharma,

We are pleased to appoint you as **Infection Control Officer** in KRM Ayurveda Pvt. Ltd. effective 25th -July -2022.You will report to the Dr.Puneet Dhawan(Director)and whom so ever of the company during your employment with KRM Ayurveda Pvt. Ltd. or such person as will be notified to you. The roles and responsibilities of the organization are mentioned below:

1. Terms of employment:

Your employment with KRM Ayurveda Pvt. Ltd. is permanent in nature. You will be a regular fulltime employee of KRM Ayurveda Pvt. Ltd... Your appointment is mutually terminable with a notice period of 30 days.

2. Probation & Confirmation:

You will be placed under a statutory probation period of 3 months from the date of commencement of your duties. After the completion of the probationary period, your appointment will be confirmed subject to your satisfactory performance. In this period if management finds you non –performing then they can terminate you without any prior notice. During probation notice will be 15 days and If employee will give resignation within a month then company will not liable to pay anything.

3. Compensation

Your current salary is based on the Performance Delivered and you will be paid at a rate of **4,32,000CTC Per Annum**. Your salary will be paid monthly on 10th of the subsequent month. Your remuneration rate will be revised annually or on the anniversary of your employment with us.

4. Notice Period:

You have to serve notice before 30 days to leave this organization or you have to serve your one-month salary to the organization.

5. Hours of work:

The company's general hours of business are between 10:00 AM TO 6:00 PM of 6 working days and break hours. Once in a while you may be required to work additional hours or after hours when necessary to perform your duties and responsibilities.

6. Privacy:

You are required to observe and uphold the organization privacy policies and procedures as implemented from time to time. Contraventions of this will lead to termination of your services without any notice or any compensation in lieu of such termination.

7. Leaves:

You will be entitled to all leaves as per our company policy, after the confirmation of your appointment.

8. Confidentiality of Information:

You will devote your entire working hours to the work of the company and will not undertake any direct/ indirect business or work, honorary, remunerated, except with the written permission of management in each case. You will not seek membership to any local or public bodies without first obtaining written permission from the management.

You shall keep confidential all the information and material provided to you by the company or by its clients concerning their affairs, in order to enable the company to perform the services. This also includes as is already known to the public which also you will not release, use or disclose except with the prior permission of the company.

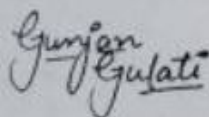
You will not enter into any commitment or dealing on behalf of the company for which you do not have to express authority not alter or be a party to any such alteration or any principle or policy of the company or exceed the authority or discretion vested in you without the previous sanction of the company.

Kindly sign and return a copy of this letter to the under-signed as a token of your acceptance of the above terms.

Wishing you every success in this assignment.

Yours Faithfully,

For and behalf of,



Gunjan Gulati
(HR Head)

Agree and Accepted

I have carefully reviewed and considered the aforesaid contents including the terms and conditions contained herein and have fully understood. Acknowledge and agree with the same. I hereby accept the terms and conditions stated herein above.

(Dr.Nikhil Diwakar Sharma)
Date: - 30-07-2022

OFFER LETTER

Dear Nikhil Diwakar Sharma,

We are pleased to appoint you as Doctor in Karma Ayurveda effective 7th December 2020. You will report to the Dr. Puneet Dhawan (Director) of the company during your employment with Karma Ayurveda or such person as will be notified to you. The roles and responsibilities of the organization are mentioned below:

1. Terms of employment:

Your employment with Karma Ayurveda is permanent in nature. You will be a regular fulltime employee of Karma Ayurveda. Your appointment is mutually terminable with a notice period of 30 days.

2. Probation & Confirmation:

You will be placed under a statutory probation period of 3 months from the date of commencement of your duties. After the completion of the probationary period, your appointment will be confirmed subject to your satisfactory performance. In this period if management finds you non-performing then they can terminate you without any prior notice. During probation notice will be 15 days and if employee will give resignation within a month then company will not liable to pay anything.

3. Compensation:

Your current salary is based on the Performance Delivered and you will be paid at a rate of 36,000/- per month +incentives (which is performance based). Your salary will be paid monthly on 10th of the subsequent month. Your remuneration rate will be revised annually or on the anniversary of your employment with us.

4. Notice Period:

You have to serve notice before 30 days to leave this organization or you have to serve your one month salary to the organization.

5. Hours of work:

The company's general hours of business are between 10:00 AM TO 7:00 PM of 6 working days with break hours. Once in a while you may be required to work additional hours or after hours when necessary to perform your duties and responsibilities.

6. Privacy:

You are required to observe and uphold the organization privacy policies and procedures as implemented from time to time. Contraventions of this will lead to termination of your services without any notice or any compensation in lieu of such termination.

*Agenda
Sharma*

Leaves:

You will be entitled to all leaves as per our company policy, after the confirmation of your appointment.

8. Confidentiality of Information:

You will devote your entire working hours to the work of the company and will not undertake any direct/indirect business or work, honorary, remunerated, except with the written permission of management in each case. You will not seek membership to any local or public bodies without first obtaining written permission from the management.

You shall keep confidential all the information and material provided to you by the company or by its clients concerning their affairs, in order to enable the company to perform the services. This also includes as is already known to the public which also you will not release, use or disclose except with the prior permission of the company.

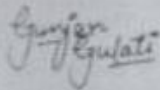
You will not enter into any commitment or dealing on behalf of the company for which you do not have to express authority not alter or be a party to any such alteration or any principle or policy of the company or exceed the authority or discretion vested in you without the previous sanction of the company.

Kindly sign and return a copy of this letter to the under signed as a token of your acceptance of the above terms.

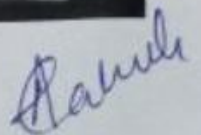
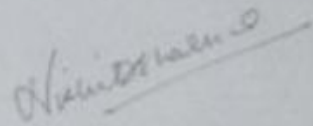
Wishing you every success in this assignment.

Yours Faithfully,

For and behalf of,

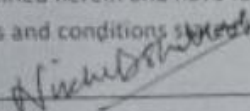


Gunjan Gulati
(HR MANAGER)



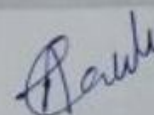
Agree and Accepted

I have carefully reviewed and considered the aforesaid contents including the terms and conditions contained herein and have fully understood. Acknowledge and agree with the same. I hereby accept the terms and conditions stated herein above.



(Nikhil Diwakar Sharma)

Date: 07-12-2020



K KRM AYURVEDA PVT LTD

To

Dr. Nikhil Diwakar Sharma

Doctor

Emp ID: KA- KA-1465

Date of Joining: 7-12-2020

This is to inform you that on May 2021 you are being transferred to our PVT LTD company, i.e. KRM Ayurveda Pvt. Ltd. You are on the same position i.e. Doctor in the OPD department and you will be reporting to Puneet Dhawan (Doctor).

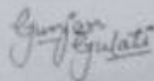
Your Salary will be remained same and all the terms and conditions as per the Employment Agreement will remain the same as they were at the time of your joining and all the contracts which was signed by you to Karma Ayurveda will remain valid and you will also comply/follow the Company policies. Any appraisal in your salary will be subjective to your performance and your roles and responsibilities will remain same in the company.

I am hopeful that this opportunity will help you contribute to the company and stay associated with us.

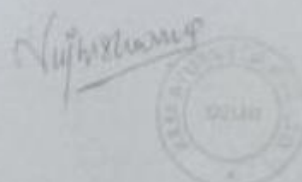
Kindly sign and return a copy of this letter to the under-signed as a token of your acceptance of the above terms.

Wishing you every success in this assignment

Regards,



Gunjan Gulati
(HR HEAD)



A-16, G.T. KARNAL ROAD, INDUSTRIAL AREA
NORTH WEST DELHI - 11003
Website : www.krmayurveda.com
Email : hrmanagerkarmaayurveda@gmail.com
Contact : +91-966779136

Panuli

अवकाश
4 No 2002

153675

केन्द्रीय माध्यमिक शिक्षा बोर्ड

CENTRAL BOARD OF SECONDARY EDUCATION

अंक विवरणिका MARKS STATEMENT

संविधान संकलन सर्टिफिकेट परीक्षा, 2002

ALL INDIA

SENIOR SCHOOL CERTIFICATE EXAMINATION, 2002

नाम Name NIKHIL DIWAKAR SHARMA

अनुक्रमांक Roll No 6243143

माता का नाम Mother's Name ANURADHA DIWAKAR

पिता का नाम Father's Name SUCHIR KUMAR

विद्यालय School 1914 NEW GREEN FIELD SCHOOL SAKET NEW DELHI

विषय SUB CODE	विषय SUBJECT	अंक MARKS OBTAINED				संकेत POSITION GRADE
		TH	FR	TOTAL	अंक का TOTAL MARKS	
301	ENGLISH CORE	062	XXI	062	SIXTY TWO	C1
041	MATHEMATICS	033	XXX	033	THIRTY THREE	D2
042	PHYSICS	026	025	051	FIFTY ONE	D2
043	CHEMISTRY	032	026	058	FIFTY EIGHT	C2
044	BIOLOGY	024	026	050	FIFTY	D2
300	WORK EXPERIENCE					B2
302	PHY & HEALTH EDUCATION					C1
303	GENERAL STUDIES					B2

संक्षेपित अंक Abbreviations

xx - 100% में उपस्थित absent in the subject

संक्षेपित absent

PASS

xx - 100% Excluded

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Signature

संख्या 386365
दिनांक 2000

केन्द्रीय माध्यमिक शिक्षा बोर्ड
CENTRAL BOARD OF SECONDARY EDUCATION

अंक विवरण MAHKS STATEMENT

अवधि वर्ष 2000

ALL INDIA SECONDARY SCHOOL EXAMINATION, 2000

उम्मीदवार का नाम: NISHIT BIKAR BHARMA

अनुसूचक संख्या: 6150123

उम्मीदवार का पता: ANURADHA BHARMA

उम्मीदवार का पता: BISHU BHARMA

उम्मीदवार का जन्म तिथि: 8TH DECEMBER NINETEEN HUNDRED EIGHTY THREE

उम्मीदवार का पता: NEW GREEN FIELD SCHOOL, SAKET, NEW DELHI

अंक क्रम	परीक्षा विषय	अंक प्राप्त				अंकीय अंक
		वि म	प्र	अंक कुल	अंक शब्दों में TOTAL IN WORDS	
001	ENGLISH COURSE A	067	71.1	067	SIXTY SEVEN	B2
002	HISTORY	075	71.1	075	SEVENTY FIVE	A2
003	MATHEMATICS	058	71.1	058	FIFTY EIGHT	B2
004	SCIENCE WITH PRACT.	057	073	052	EIGHTY TWO	A2
005	SOCIAL SCIENCE	065	71.1	065	SIXTY FIVE	B1

अंक 386365
S.N. 2000

केन्द्रीय माध्यमिक शिक्षा बोर्ड
CENTRAL BOARD OF SECONDARY EDUCATION

अंक विवरणिका MARKS STATEMENT

सेकण्डरी स्कूल परीक्षा, २०००

ALL INDIA SECONDARY SCHOOL EXAMINATION, 2000

अनुक्रमांक Roll No. 6150123

विद्यार्थी नाम RINKIL BINA KAR SHARMA

पिता का नाम ANIRADHA BINA KAR

पिता का पता GUDHTA KUNAR

दिनांक 19TH DECEMBER NINETEEN HUNDRED EIGHTY THREE

विद्यालय School 1914 NEW GREEN FIELD SCHOOL SAKET NEW DELHI

विषय CODE	विषय SUBJECT	प्राप्त अंक MARKS OBTAINED				स्थिति POSITIONAL GRADE
		नि TH	प्र PR	योग TOTAL	योग शब्दों में TOTAL IN WORDS	
001	ENGLISH COURSE-A	067	XXX	067	SIXTY SEVEN	B2
022	SANSKRIT	075	XXX	075	SEVENTY FIVE	A2
041	MATHEMATICS	058	XXX	058	FIFTY EIGHT	B2
024	SCIENCE WITH PRAC.	039	023	082	EIGHTY TWO	A2
027	SOCIAL SCIENCE	065	XXX	065	SIXTY FIVE	B1

Sr. No. 64

Roll No. 238916

Regt. No. 02-DAT-13

Kurukshetra University


RESULT-com-DETAILED MARKS CARD
 B.A.M.S. (Ayurvedacharya) III Professional Examination May/Dec 2006

Name: Nitish Diwakar Sharma

Father's Name: Shri Sudhir Kumar

DETAIL OF MARKS

Sr. No.	Subjects	Marks Obtained	Minimum Pass Marks	Maximum Marks
1.	Prasuti Tantra Theory	126	100	200
	Avan Sirog Practical	68	50	100
2.	Kumar Bhritya Theory	69	50	100
	Practical	79	50	100
3.	Kaya Chikitsa Theory	243	200	400
	Practical	163	100	200
4.	Shalya Tantra Theory	154	100	200
	Practical	65	50	100
5.	Shalakya Tantra Theory	120	100	200
	Practical	85	50	100
6.	Charak Samhita Theory	55	50	100
	Practical	43	25	50
Total		1270	925	1850
Total marks of B.A.M.S.I Prof.		911	725	1450
Total marks of B.A.M.S.-II Prof.		1161	875	1750
Grand Total of B.A.M.S.-I (Professional) to B.A.M.S.-III (Professional)		3342	2325	5050

Note: * Indicates that the candidate has been granted grace marks for passing in this/these subject(s)

RESULT: See Sr. No. ① below

 Total Marks in words (if passed) -
 (Three Thousand (3) Three hundred and Forty Two

2. Failed: He/She is required to re-appear in the whole examination next time.

 Nitish
 Sharma

पत्रिका 314
Form No.



पत्रिका 314
Roll No. 22541
संयोजकता
Page No. 22541

कुरुक्षेत्र - विश्वविद्यालयः

(1956 तम-वर्ष-राज्यविद्या-अधिनियम-XII-द्वारा स्थापित)

आयुर्वेद-चिकित्सा-विभागः (आयुर्वेदाचार्यः)

इदमत्र प्रमाणिक्यते यत् निखिल दिवाकर शर्मा नामा/नाम्नी
की सुधीर कुमार नाम्ना: दूध/पुत्री 2006 तमे वर्षस्य
सी.डी.एल. कॉलेज ऑफ आयुर्वेद (भगवानगढ़) जगदीश्वर: अस्मिन् विश्वविद्यालयस्य
उपरि निर्दिष्टां परीक्षां सन्तीत्यं आयुर्वेद-चिकित्सा-विभागः (आयुर्वेदाचार्यः) इत्युपाधि
प्राप्तवान्/प्राप्तवती-इति।

Kuruksheetra University

(Established by the State Legislature Act XII of 1956)

Ayurvedacharya
(Bachelor of Ayurvedic Medicine & Surgery)

This is to certify that Nikhil Divakar Sharma
son/daughter of Shri Sudhir Kumar
a student of C. D. L. College of Ayurveda (Bhagwanagar)
Jagdishwar is hereby awarded the Degree of Ayurvedacharya
(Bachelor of Ayurvedic Medicine & Surgery) in Ayurveda
having passed the examination for the said degree held
in December 2006.

000 00296773

(1914)

केन्द्रीय माध्यमिक शिक्षा बोर्ड Central Board of Secondary Education

Regn. No. D00/1914/813635/20



ALL INDIA

सेकण्डरी स्कूल परीक्षा, २०००
SECONDARY SCHOOL EXAMINATION, 2000

यह प्रमाणित किया जाता है कि
This is to certify that

NIKHIL DIWAKAR SHARMA

संलग्नक
Roll No.

6150123

आत्मज / आत्मजा श्रीमती

Son ~~XXX XX~~ of Esq. ANURADHA DIWAKAR

एवं श्री
& Shri

SUDHIR KUMAR

जिनकी जन्म तिथि
Born on

FOURTH DECEMBER NINETEEN HUNDRED EIGHTY THREE

है, ने बोर्ड द्वारा मार्च, २००० में आयोजित सेकण्डरी स्कूल परीक्षा
passed the Secondary School Examination of the Board held in March, 2000

प्रेक्षालय से
from

NEW GREEN FIELD SCHOOL SAKET NEW DELHI

निम्न विषयों में उत्तीर्ण की :-
in the following subjects :

ENGLISH COURSE-A

SANSKRIT

MATHEMATICS

SCIENCE WITH PRAC.

SOCIAL SCIENCE

नई दिल्ली
New Delhi

दिनांक Dated 03-06-2000

(Pavnesk Kumar)

परीक्षा नियंत्रक

Controller of Examinations

र का चिन्ह जिस विषय के आगे अंकित है, वह विषय परीक्षार्थी ने पूरा; परीक्षा में उत्तीर्ण किया है।
r against a subject indicates that the candidate passed in the subject at the Compartmental Examination

प्रणाली : संस्थागत विद्यार्थी का संपूर्ण मूल्यांकन करते समय, उन्हें इस निर्धारित विभागीय मूल्यांकन प्रणाली का भी संज्ञान वर्तित है।
OTE : While Judging regular students, it is expected that CERTIFICATE OF SCHOOL-BASED EVALUATION would be taken cognizance of

प्रणाली : संस्थागत विद्यार्थी का संपूर्ण मूल्यांकन करते समय, उन्हें इस निर्धारित विभागीय मूल्यांकन प्रणाली का भी संज्ञान वर्तित है।
OTE : While Judging regular students, it is expected that CERTIFICATE OF SCHOOL-BASED EVALUATION would be taken cognizance of

केन्द्रीय माध्यमिक शिक्षा बोर्ड
Central Board of Secondary Education



सीनियर स्कूल सर्टिफिकेट परीक्षा, 2002
ALL INDIA SENIOR SCHOOL CERTIFICATE EXAMINATION, 2002

यह प्रमाणित किया जाता है कि:

This is to certify that **NIKHIL DIWAKAR SHARMA**

अनुक्रमांक

Roll No. 6243143

प्राप्त/आरम्भित प्रमाणित

Son/Daughter of Smt. ANURADHA DIWAKAR

एवं श्री

& Shri **SUDHIR KUMAR**

ने बोर्ड द्वारा मार्च, 2002 में आयोजित सीनियर स्कूल सर्टिफिकेट परीक्षा

passed the Senior School Certificate Examination of the Board held in March, 2002

विद्यालय से

from **NEW GREEN FIELD SCHOOL SAKET NEW DELHI**

निम्न विषयों में उत्तीर्ण की :

In the following subjects :

1 ENGLISH CORE

2 MATHEMATICS

3 PHYSICS

4 CHEMISTRY

5 BIOLOGY

6 WORK EXPERIENCE

7 PHY & HEALTH EDUCATION & GENERAL STUDIES

स्थिति

Delhi

दिनांक

Dated 25-05-2002

(Pavneesh Kumar)

परीक्षा नियंत्रक

Controller of Examination

DELHI BHARATIYA CHIKITSA PARISHAD

S. No. 012291



Certificate of Registration

This is to certify that the withsigned

Holder's Signature



Doctor Shri/Shrimati/Kumari ...NIKHIL DILAKAR SHARMA...

Son/Daughter of Sh. ...SUDHIR KUMAR...

born on ...04-12-1983...

passing the qualification of ...AYURVEDACHAR (A. (B.A.M.S.) 2006...

from ...CH. DEVI LAL...

KURUKSHETRA UNIV., KURUKSHETRA

College affiliated to

Board/Examining body/

University has been duly registered under the Delhi Bharatiya Chikitsa Parishad Act, 1998 in part ...A...

of the Register.

In witness where of are herewith affixed the seal of the Delhi Bharatiya Chikitsa Parishad, Delhi and the signature of the Registrar subject to the provisions of the said Act.

This certificate is valid upto a period of 5 years, i.e. 12-01-2011

Dated 13-01-2010

Place NEW DELHI

SEAL

Yogita Munjal
Registrar

The information regarding change of address is essential, otherwise action shall be taken under provisions of the Rules/Act.

Ch. Devi Lal College of Ayurveda

S.No. 058



Bhagwargarh, Buria Road, JAGADHRI - 135 003 (HARYANA)

PROVISIONAL CERTIFICATE

Certified that Nikhil Kumar
Son/Daughter of Sh. Sudhakar Kumar
Roll No. 258916 Resident of C-330, H.P.S. Floor, New Market
Dehra Registration No. 02-118-13 has passed
AYURVEDACHARYA (Bachelor of Ayurvedic Medicine and Surgery) Examination
from Kurukshetra University, Kurukshetra in the month April
Year 2007 securing 3349 marks out of 5050.

His/her date of Birth is 4-12-1981

He/she has completed 12 months rotatory Internship Training as detailed below:

- 8 months Ayurvedic Training at Ch. Devi Lal College of Ayurveda w.e.f.
30-4-2007 to 1-1-2008
- 4 months Allopathic & Emergency Training at General Hospital
Burggaon w.e.f. 14-1-2008 to 13/5/2008

Dated 16/5/08

Principal
Principal

Ch. Devi Lal College & Hospital
Bhagwan Garh, Jagadhri
Dist. Yamuna Nagar (Haryana)

A



Jiva Ayurvedic Pharmacy Ltd.
(ISO 9001:2015 Certified)

CIN: U85100DL2005PLC121843

Jiva Marg, Sector 21 E,
Faridabad-121001, Haryana, India
Ph: 0129-4294800, 4294804
Fax: 0129-4294889
info@jiva.com, www.jiva.com

Mfg Lic No. 110-ISM (HR)

To Whom So Ever It May Concern

Date: Nov 30, 2020

Sub: Experience letter

Dear Sir/Madam,

This is to certify that **Dr. Nikhil Diwakar Sharma** (Emp. Code: 20115) was working at Jiva Ayurveda as a Clinic Doctor. He served the organization from the period of 14-Nov-2017 to 05-Aug-2017. We found his work to be satisfactory.

We wish him all the best for his future endeavours.

Yours sincerely,

Manoj Kumar Singh
Head-HRD

Worked India, Sector 21, Faridabad-121001, Haryana, India

Head Office: Building No 4772, Block No. 30, Street No. 3, New Tenda, Sector 29B, Gurgaon, Haryana-122009



Date 25-8-2013

To Whom it may concern

This is to certify that Dr. Nikhil Diwakar Sharma (Regn. No. DBCP/A/7203) is working with Ayurkalp Herbs and Bonton Health Clinic as Ayurveda Consultant from January 2010 till date.

Dr. Nikhil Diwakar Sharma is Sincere, dedicated and hardworking employee with professional attitude and have very good job knowledge.

Dr. Nikhil Diwakar Sharma job responsibility are as follows :-

- ★ To examine patients in Ayurvedic OPD at Ayurkalp Herbs.
- ★ To give panch karma consultation at Bonton Health Clinic.

Signature of Person Issuing the Certificate

Dr. Manmohan Sharma

(Chairman) For AYURKALP HERBS

AYURKALP HERBS
B-10, Krishna Nagar,
DELHI-110051

Ayurkalp Herbs Ayurvedic Clinic

1621, Chandrawal Road, Subzi Mandi, Delhi-1100074

Bonton Health Clinic

B-10, Krishna Nagar, Delhi

Jiva Ayurvedic Ph
110 5001 2018 Car
Jiva Marg, Sector 1
Faridabad-121001
Ph: +91-129-42948
Fax: +91-129-42941
info@jiva.com www



Mfg LIC No: 110-15M (HR)

Date: December 19, 2013

To,

Dr. Nikhil Diwakar Sharma,
186 B, Satyam Enclave,
Delhi.

Dear Dr. Sharma,

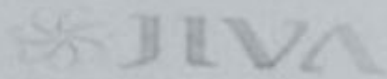
We are pleased to appoint you as an Ayurvedic Physician. You will be based in Shalimar and you will report to Senior Operations Manager. Your reporting is subject to change at the sole discretion of the company.

The terms and conditions of your appointment are as follows:

1. **Effective date:** 14 November 2013
2. **Compensation:**
Your CTC (cost to company) will be Rs.28, 000/- (Rs. Twenty Eight Thousand Only) all-inclusive per month.
3. **Basic Responsibilities:** As per Annexure - 1
4. **Performance and Salary Review:**
Your performance appraisal and salary review will be held on the completion of one year from your joining.
5. **Probation:**
Any new joiner will be on a standard probation period of 6 months from the date of joining and is a probationer and not an employee. During this period, if the performance is found unsatisfactory, the Company reserves the right to terminate the services without any notice subject to proper and reasonable handing over of all papers, documents, files, information and company assets to the immediate supervisor. In case the probationer wants to quit the job during the probation period, he/she will have to give a month's notice period, otherwise the month's salary will be deducted during the full and final settlement. The probationer will have no right to approach the court of law in case of termination of the services.

Your employment is contingent upon your satisfactory performance. Your performance will be discussed with you on a continuing basis. At the end of the probation period, your employment may be confirmed, or it may be extended probation for an equal period of time or as decided by the Management, especially in case an employee has taken uninformal or excess leaves.

Work: Full, Salary: 27, Faridabad, 121001, India



NAME	Dr. HIRSH Dinkar Sharma	
EMPLOYEE CODE	20115	
DESIGNATION	Ayurvedic Physician	
EARNINGS		
SALARY HEAD	AMOUNT (Rs.)	ANNUAL
Basic	10,850	130,200
HRA	9,415	65,100
Conveyance*	800	9600
Medical Allowance	1,800	45,600
**Medical Reimbursement	1,250	15,000
**Medical Reimbursement	1,000	12,000
DA	800	10,800
Other Allowances	3,050	37,200
Gross Salary (A)	27,125	329,100
Deduction (B)	120	960
Net	26,935	318,070
Employer Contribution (PF) (B)	885	10,620
SALARY (CTC) / PMA (A+B)	28,000	
Annual CTC		336,000

* Medical reimbursement of 1000/- per month for months of April, August and December

** Medical Reimbursement to 500/- per month against submission of bills

 (Signature of Employee)

 (Signature of Employer)

dk



Jiva Ayurvedic Pharmacy Ltd.
ISO 9001:2008 Certified
CIN: U85110DL2005PLC121843
Jiva Marg, Sector 21 B,
Faridabad-121001, Haryana, India
Ph: 0129-4294802, 4294804
Fax: 0129-4294899
info@jiva.com, www.jiva.com
Mfg Lic No. 110-ISM (HR)

Increment Letter

30.05.2016

Dr. Nikhil Dwakar Sharma
Employee Code: 20115

Dear Dr. Sharma,

We're glad to inform you that the merit increase exercise for the performance year April 2015-March 2016 has been successfully completed.

As per your grading, we're pleased to inform you that your salary has been revised with effect from April 1, 2016. Your revised CTC would now be Rs. 36796/- (Rs. Thirty Six Thousand Seven Hundred Ninety Six Only) per month. Enclosed please find your revised salary structure. Matter of your compensation is highly confidential and it is not to be disclosed to anyone else in the organization.

All other terms and conditions of your employment with the organization remain unaltered. We are sure that in future also, you will measure up to the confidence reposed in you by the management, and will discharge your responsibilities to the best. We would like to thank you for your contribution in the past year, and look forward to even greater achievements in the year 2016.

Your next review will be in April 2017.

Wishing you and your family a lot of happiness throughout the year and all the very best!

Yours sincerely,

Meenakshi Singh
Head—HRD



आधार - आम आदमी का अधिकार

भारत सरकार

Unique Identification Authority of India

Government of India

आधार - AAR Enrolment No.: 1171/0307001117

To,
Dr. Nand Chavhan Sharma
At. Rishikesh (Uttarakhand)
N/O. Gurukul Kangri
H.No. G-134, G/F Type-4 B.C.D. P.O. Manan Pur
Garhi Mendu, North-East
Delhi 110052

03/11/2011



UID-03-0305-0-00
Ref No. 42301070-000000



आधार का आपका क्रमांक / Your Aadhaar No. :

3290 9154 5645

आधार - आम आदमी का अधिकार



भारत सरकार
GOVERNMENT OF INDIA



डॉ. नंद चवहान शर्मा
Dr. Nand Chavhan Sharma
पिता - अग्रवाल
आधार - Aadhaar
आम आदमी / Name of Aam - 1000
पुरुष / Male
3290 9154 5645



आधार - आम आदमी का अधिकार



h

ROLES & RESPONSIBILITIES OF INFECTION CONTROL OFFICER

- Making recommendations regarding the prevention and control of infection on a 24-hour basis.
- Providing advice for all staff members regarding the management of infectious patients/residents and other infection prevention issues.
- Coordinating the annual infection control risk assessment in conjunction with the Infection Prevention Committee (IPC).
- Developing and implementing the annual infection prevention plan in conjunction with the IPC.
- Evaluating the annual plan for goal achievement in conjunction with the IPC.
- Conducting surveillance of infections.
- Ensuring the completion of audits regarding the implementation of and compliance with selected policies.
- Providing education and training for all staff members and independent practitioners regarding the prevention of HAIs.
- Liaise with the Employee Health Nurse regarding relevant staff member health issues.
- Liaise with clinical teams regarding the development of standards, audits, and research.
- Presenting/providing the infection prevention annual report to the IPC, Quality Assurance department, Chief Executive Officer, and Board of Trustees (as applicable to the institution); this report is to include results of infection prevention program goal achievements and matters of concern.
- Cooperating with the county and state department of health regarding infectious and communicable disease reporting.

Dr. Nikhil

1. **DEPARTMENT-** IPD/OPD
2. **JOB TITLE-** AYURVEDA DOCTOR
3. **REPORT TO WHOM-** Dr Nikhil Diwakar Sharma
4. **Education Qualification-** BAMS

ROLES AND RESPONSIBILITIES- *Quality assurance in patient care*

- *Providing awareness regarding the disease and it's management*
- *Taking appropriate steps available to make the right diagnosis provide treatment and follow-up on patients' progress.*
- *Providing some dietary guidelines and lifestyle changes*
- *Giving confidence to patients entrusted in care, rendering to each a full measure of service and devotion.*
- *Continuously trying to improve medical knowledge and skills and make available to patients and colleagues the benefits of my professional attainments.*
- *Tell patients about the advantages, disadvantages, risks and alternatives regarding a proposed treatment.*
- *Explaining and advice panchkarma procedures, yoga, diet to the patient.*
- *Collecting, recording and maintaining patients information like medical reports, results, history etc.*
- *Responding to patients medical problem by referring to their – History, carrying out diagnosis, treatment, counseling, referrals.*
- *Ordering lab test and interpreting the test results.*
- *Understand the patient's query/problem and provide the right resolution.*



- *conducting screening & diagnostic test and interpreting the test results.*
- *explaining benefits of changing lifestyle i.e diet, yoga, acupressure and meditation to all patients.*

Additional Assignment- From time to time providing my assistance in the IPD centre in terms of both day and night shifts





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Chamist) Vivek Vihar, Behind Police
Station, Delhi-110095

☎ 9717323083, 9448365781, 7703939227

✉ biopathline@gmail.com

🌐 www.biopathlineindia.com

ID: 892645

Nationality: Indian



Patient ID: 042207110099
Name: DR. NIKHIL
Age/Gender: 38 Y/Male
Referred By: Dr. NIKHIL
LabID: 10892615
SpecimenType: EDTA Blood

Primary SampleCollection Time: 07/Jul/2022 12:22:21
Collection Date/Time: 07/Jul/2022 12:28PM
Received Date/Time: 07/Jul/2022 12:33PM
Approved Date/Time: 07/Jul/2022 01:41PM
Print Date/Time: 07/Jul/2022 04:57PM
Client Grp.: BIOPATH LINE LAB

DEPARTMENT OF HAEMATOLOGY

KD PROFILE 1.1

Test Description	Observed Value	Unit	Method	Biological Ref. Interval
COMPLETE HAEMOGRAM WITH ESR				
Haemoglobin (Hb)	16.6	g/dL	Spectrophotometry	13.5-18.00
RBC Count	5.06	million/ μ L	Dc (Impedance)	4.2-5.4
Packed Cell Volume	47.4	%	Analogical integration	41-53
MCV	93.6	fL	Calculated	80-100
MCH	32.8	pg	Calculated	26-34
MCHC	35.1	g/dL	Calculated	31-37
Platelet Count	3.10	L/cumm	Dc (Impedance) / Microscopy	1.50-4.50
TLC (Total Leucocyte Count)	6,020	/cumm	DHSS (Double hydrodynamic sequential system / Microscopy	4000-11000
Differential Leucocyte Count				
Neutrophil	60	%	Laser flowcytometry	40-80
Lymphocyte	35	%	DHSS (Double hydrodynamic sequential system / Microscopy	20-40
Monocytes	3	%	DHSS (Double hydrodynamic sequential system / Microscopy	3-6
Eosinophils	2	%	DHSS (Double hydrodynamic sequential system / Microscopy	1-6
Basophils	0	%	DHSS (Double hydrodynamic sequential system / Microscopy	0-1
Absolute Neutrophil Count	3,612.0	/cumm	Calculated / Microscopy	2000-7000

Vinay Shanker

Dr. Vinay Shanker
MBBS, MD (Path)
Senior Consultant Pathologist



Amulya Singh

Dr. Amulya Singh
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Consultant Pathologist

[Signature]



UID: 892645

Nationality: Indian



Patient ID: 042207110099
Name: DR.NIKHIL
Age/Gender: 38 Y/Male
Referred By: Dr. NIKHIL
LabID: 10892615
SpecimenType: EDTA Blood

Primary SampleCollection Time: 07/Jul/2022 12:22:21
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DEPARTMENT OF HAEMATOLOGY

KD PROFILE 1.1

Test Description	Observed Value	Unit	Method	Biological Ref. Interval
Absolute Lymphocyte Count	2,107.0	/cumm	Calculated / Microscopy	1000-3000
Absolute Monocyte Count	181	/cumm	Calculated / Microscopy	100-1000
Absolute Eosinophil Count	120.40	/cumm	Calculated / Microscopy	00-500
Absolute Basophil Count	0.0	/cumm	Calculated / Microscopy	0-150
RDW-SD	48.2	fl	Cell Counter	37.0-49.0
RDW-CV	12.7	%	Calculated	11.5-17.0
ESR (Westergren)	5	mm in 1st hr	Westergren	0-15
Mean Platelet Volume	9.10			
NLR-Ratio	1.71			1-3 Normal 3-6 Stress 6-9 Mild Stress 9-18 Moderate Stress

*** End Of Report ***

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✉ biopathline@gmail.com

🌐 www.biopathline.com

UID: 892645

Nationality: Indian



Patient ID: 042207110099

Name: DR. NIKHIL

Age/Gender: 38 Y/Male

Referred By: Dr. NIKHIL

LabID: 10892615

SpecimenType: Rod. Fluoride - F

Primary Sample Collection Time: 07/Jul/2022 12:22:21

Collection Date/Time: 07/Jul/2022 12:28PM

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DEPARTMENT OF BIOCHEMISTRY

KD PROFILE 1.1

Test Description	Observed Value	Unit	Method	Biological Ref. Interval
Blood Glucose Fasting	93	mg/dL	GOD-POD	70.0 - 110.0

*** End Of Report ***

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Amulya Singh



UID: 892645

Nationality: Indian



Patient ID: 042207110099
Name: DR. NIKHIL
Age/Gender: 23 Y/Male
Referred By: Dr. NIKHIL
LabID: 10892615
Specimen Type: Serum

Primary Sample Collection Time: 07/Jul/2022 12:22:21
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Client Grp.: BIOPATH LINE LAB

DEPARTMENT OF BIOCHEMISTRY

KD PROFILE 1.1

Test Description	Observed Value	Unit	Method	Biological Ref. Interval
LIPID PROFILE (Calculated)				
Triglyceride	51.0	mg/dL	Enzymatic, glycerol kinase	Normal: <150 Borderline High: 150-199 High: 200-499 Very High: >500
Total Cholesterol	158.0	mg/dL	CHOD-PAP	Desirable: <200 Borderline Risk: 200-239 High Risk: >240
HDL Cholesterol	41.0	mg/dL	Direct measure-PTA/Mgcl2	Low: <40 High: >60
VLDL Cholesterol	10.2	mg/dL	Calculated	<40
LDL Cholesterol	106.80	mg/dL	Calculated	Desirable: <130 Borderline Risk: 130-160 High Risk: >160
Chol / HDL Cholesterol Ratio	3.85	Ratio	Calculated	0.00-4.97
LDL / HDL Cholesterol Ratio	2.60	Ratio	Calculated	0.00-3.55
Non-HDL-Cholesterol	117.00	mg/dL	Calculated	<170
HDL/LDL Cholesterol Ratio	0.38	Ratio	Calculated	<3.50

Comment

Lipid profile checks cholesterol levels, comprising of parameters total cholesterol, LDL cholesterol, HDL cholesterol and triglycerides. The results of the lipid profile as per the AHA guidelines mentioned below, are considered along with other known risk factors of heart disease to develop a plan for treatment and follow-up. A lipid profile typically includes:

- Total cholesterol - this test measures all of the cholesterol in all the lipoprotein particles.
- High-density lipoprotein cholesterol (HDL) - often called "good cholesterol" because it removes excess cholesterol via liver.
- Low-density lipoprotein cholesterol (LDL) - called "bad cholesterol" as it deposits fat and contribute to thickening of blood vessels called atherosclerosis.
- Triglycerides measures all the triglycerides in all the lipoprotein particles.

*** End Of Report ***

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🌐 www.biopathlinelab.com

UID: 892645

Nationality: Indian



Patient ID: 042207110099

Name: DR. NIKHIL

Age/Gender: 38 Y/Male

Referred By: Dr. NIKHIL

LabID: 10892615

SpecimenTypeSerum

Primary SampleCollection Time: 07/Jul/2022 12:22:21

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DEPARTMENT OF BIOCHEMISTRY

KD PROFILE 1.1

Test Description	Observed Value	Unit	Method	Biological Ref. Interval
LIVER FUNCTION TEST + GGT				
Bilirubin Total	0.73	mg/dl	Diazonium	0.20-1.30
Bilirubin, Direct	0.36	mg/dL	Calculated	Adult:0.0-0.30 Neonate:0.0-0.60
Bilirubin, Indirect	0.37	mg/dL	Diazonium	0.20-0.70
Protein, Total	7.60	g/dL	Biuret	6.30-8.20
Albumin Serum	4.50	g/dL	BCG	3.50-5.00
Globulin Serum	3.10	g/dL	Calculated	2.0-3.5
Alb/Glo Ratio	1.45		Calculated	1.20-2.10
SGOT (AST), Serum	27.90	U/L	uv with p-5-p (IFCC)	17-59
SGPT (ALT), Serum	31.20	U/L	uv with p-5-p (IFCC)	4-50 U/L
SGOT/SGPT RATIO	0.89	Ratio	CALCULTED	0.0-5.0
Alkaline Phosphatase (ALP), Serum	72.00	U/L	IFCC	38-126
*Gamma Glutamyl Transferase(GGT)	24	U/L	G-Glutamyl-P-Nitroanilide	15-73

*** End Of Report ***

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Amulya Singh



UID: 892645

Nationality: Indian



Patient ID: 042207110099
Name: DR. NIKHIL
Age/Gender: 38 Y/Male
Referred By: Dr. NIKHIL
LabID: 10892615
SpecimenType: Serum

Primary SampleCollection Time: 07/Jul/2022 12:22:21
Collection Date/Time: 07/Jul/2022 12:28PM
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DEPARTMENT OF BIOCHEMISTRY

KD PROFILE 1.1

Test Description	Observed Value	Unit	Method	Biological Ref. Interval
KIDNEY FUNCTION TEST (With Electrolytes)				
Urea, Blood	24.00	mg/dL	Urease	19-43
BUN (Serum) :	11.21	mg/dL	urease	9-20
SERUM CREATININE	0.85	mg/dL	Enzymatic	0.66-1.25
Sodium, Serum	142.0	mmol/L	Direct ISE	135-150
Potassium, Serum	4.00	mmol/L	Direct ISE	3.50-5.50
Chloride, serum	102	mmol/L	Direct ISE	92-110
Uric Acid, Serum	7.20	mg/dL	uricase (colorimetric)	3.50-8.50
Calcium, Serum	9.60	mg/dL	Arsenazo-III	8.40-10.20
INORGANIC PHOSPHORUS	3.70	mg/dL	phosphomolybdate	2.5-4.5
Urea / Creatinine Ratio	28.24	Ratio	Calculated	10.7-42.8
BUN / Creatinine Ratio	13.19	Ratio		5.0-20.0

*** End Of Report ***

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UID: 892645

Nationality: Indian



Patient ID: 042207110099
Name: DR. NIKHIL
Age/Gender: 38 Y/Male
Referred By: Dr. NIKHIL
LabID: 10892615
Specimen Type: Serum

Primary Sample Collection Time: 07/Jul/2022 12:22:21
Collection Date/Time: 07/Jul/2022 12:28PM
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Client Grp.: BIOPATH LINE LAB

DEPARTMENT OF IMMUNOLOGY

KD PROFILE 1.1

Test Description	Observed Value	Unit	Method	Biological Ref. Interval
T3, T4, TSH (THYROID PROFILE)				
Triiodothyronine, Total (TT3)	1.11	ng/mL	ECLIA	0.97-1.69
Thyroxine, Total (TT4)	8.77	ug/dL	ECLIA	5.53-11.0
Thyroid Stimulating Hormone (TSH)	1.44	μIU/mL	ECLIA	0.40-4.04

TSH Clinical Condition	Range (μIU/mL) ECI	Range (uIU/mL) CMIA
Euthyroid	0.46-4.68	0.35-4.94
Hyperthyroid	<0.46	<0.35
Hypothyroid	>4.68	>4.94

* TSH: Interpretation (Pregnancy)

REFERENCE GROUP	REFERENCE RANGE in uIU/mL (As per American Thyroid Association)
Pregnancy	
1st Trimester	0.100 - 2.500
2nd Trimester	0.200 - 3.000
3rd Trimester	0.300 - 3.000

COMMENT :

The levels of thyroid hormone (T3 & T4) Are Low In case of Primary, secondary and tertiary hypothyroidism and sometimes in non-thyroidal illness also. Increased levels are found in grave's disease, hyperthyroidism and thyroid hormone resistance. T3 levels are also raised in T3 thyrotoxicosis. TSH levels are raised in primary hypothyroidism and are low in hyperthyroidism and secondary hypothyroidism.

*** End Of Report ***

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UID: 892645

Nationality: Indian



Patient ID: 042207110099
Name: DR. NIKHIL
Age/Gender: 38 Y/Male
Referred By: Dr. NIKHIL
LabID: 10892615
Specimen Type: Urine

Primary Sample Collection Time: 07/Jul/2022 12:22:21
Collection Date/Time: 07/Jul/2022 12:28PM
Received Date/Time: 07/Jul/2022 12:33PM
Approved Date/Time: 07/Jul/2022 01:41PM
Print Date/Time: 07/Jul/2022 04:57PM
Client Grp.: BIOPATH LINE LAB

DEPARTMENT OF CLINICAL PATHOLOGY

KD PROFILE 1.1

Test Description	Observed Value	Unit	Method	Biological Ref. Interval
------------------	----------------	------	--------	--------------------------

URINE FOR ROUTINE EXAMINATION

PHYSICAL EXAMINATION:

Volume	10.00	mL		
Colour	PALE YELLOW			
Appearance	CLEAR			

Chemical Examination

Specific Gravity	1.030		PKa change	1.005-1.030
pH	6.00		Error Indicators	5- 8.5
Urine Protein	Negative		Protein Indicator	Negative
Urine Glucose	Negative		Glucose Oxidase peroxidase	Negative
Urine Bilirubin	Negative		Diazotized	Negative
Ketones	Negative		Sodium nitroprusside acetoacetic	Negative
Urobilinogen	Negative		Ehrlich Reaction	Negative
Blood	Negative		Peroxidase	Negative
Nitrite	Negative		p-arsanilic acid	Negative
Leuckocytes	Negative			

Microscopic Examination

Pus Cells	2-3	/HPF	Microscopy	0-5
RBC	Nil	/HPF	Microscopy	Nil
Epithelial Cells	1-2	/HPF	Microscopy	1-4
Casts	Nil	/LPF	Microscopy	Nil
Crystals	CALCIUM OXALATE PRESENT		Microscopy	Nil
Bacteria	Nil		Microscopy	Nil
Others	Nil			Nil

Disclaimer: The test result mentioned here should be interpreted in view of clinical condition of the patient. In case of any clinical suspicion regarding any parameter, repeat test with fresh sample essential to conclude.

*** End Of Report ***

Vinay Shankar

Dr. Vinay Shankar
MBBS, MD (Path)
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Amulya Singh

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Consultant Pathologist

Amulya Singh



Subject Report Details	
Client Name	KARMA AYURVEDA
Subject Name	Dr. Nikhil Diwakar Sharma
Date of Birth	04-12-83
Client Reference Number	KA-1465
ESS Reference Number	ESS-KA-12-2020-216
Level of Check	Standard
Report Type	Final Report
Date of Case Received	02 December' 20
Date of Report Sent	24-December-20
Report Status	POSITIVE

Legend

	Positive		Unable to verify/Inaccessible for Verification
	Minor Discrepancy		Major Discrepancy

Sam



Checks	Status
Criminal Check (Court Check)	No Record
Address Check	Positive
Employment Check (Last)	Positive

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Criminal Check (Court Check)		
Status	No Record	
Verified Data	Details Provided by the Subject	Verification Remarks
Address	House No. D-154, GF, Type-4, Mcd Flats, Usmanpur, Garhi Mendu, Delhi. Pin-110053	Verified
Subject Date of Birth	04-Dec-83	
Verified By	Confirmed through court record databases / professional Law Firm	
Mode of Verification	Online Database / Written	
Remarks	No criminal record found against the subject in Civil Court, Magistrate Court, District Court, High Court and Supreme Court	
Refer Annexure	1. Verified Report	

[Handwritten Signature]



Annexure	Criminal Check (Court Check)
1	House No. D-154, GF, Type-4, Mcd Flats, Usmanpur, Garhi Mendu, Delhi. Pin-110053



Neelayush

Corporate Office: Chamber no.
568, 5th Floor, Lawyers
Chamber Block, Saket Court,
New Delhi-110017

Report

Applicant Name	Nikhil Divakar Sharma
ARS Check Id	RGN 3796
Date of Birth	12/4/1983
Father's/Spouse Name	Sudhir Kumar
Address	House No. D-154, GF, Type-4, Mcd Flats, Usmanpur, Garhi Mendu, Delhi. Pin-110053
Date Of Verification	12/17/2020
No. of Years Search	10 Years
Result of Court Verification Track	No Record Found

Criminal Proceedings; Criminal Petitions/Criminal Appeal/Session Cases/Special Cases/Special Session Cases/Criminal Miscellaneous Petition/Criminal Revision Appeal/Civil Petitions/Civil Petitions

Court	Jurisdiction	Name of Court	Results
Civil Court	North East	Original Suits	No Case Found
Magistrate Court	North East	Criminal Cases (CC), Private Compliant Report (PCR)	No Case Found
District & Sessions Court	North East	Criminal Appeals / Civil Appeals / Civil Appeals	No Case Found
High Court	Delhi	Criminal Appeals / Civil Appeals / Civil Appeals	No Case Found
Supreme Court	India	Criminal Appeals / Civil Appeals / Civil Appeals	No Case Found

Conclusion:

In conclusion, as on date of the above search, and on date of this search, and as on records of the jurisdictional Police Station and court, there is No Criminal /Civil/Civil cases instituted against the Subject.

Disclaimer: The search results are based on criminal cases and civil register in respect of above mentioned Police station and court having jurisdiction over the address where the candidate was said to be residing during the tenure. Due care has been taken in conducting the search. The records are public records and the record search has been conducted on behalf of your good self. Also, Record is based on the verbal confirmation of the concerned Police Authority and Court at the time of Verification as on date upon which is confirmed, hence verification is subjective and the undersigned is not responsible for any errors, inaccuracies, omissions or deletion if any in the said public records. Please contact your local police station for PCC/PVC

THIS IS ONLY AN INFORMATION NOT A CERTIFICATE

Signature with Seal of Law Firm

NEELAYUSH
Law Firm
568, 5th Floor, Lawyers
Chamber Block, Saket Court,
New Delhi-110017

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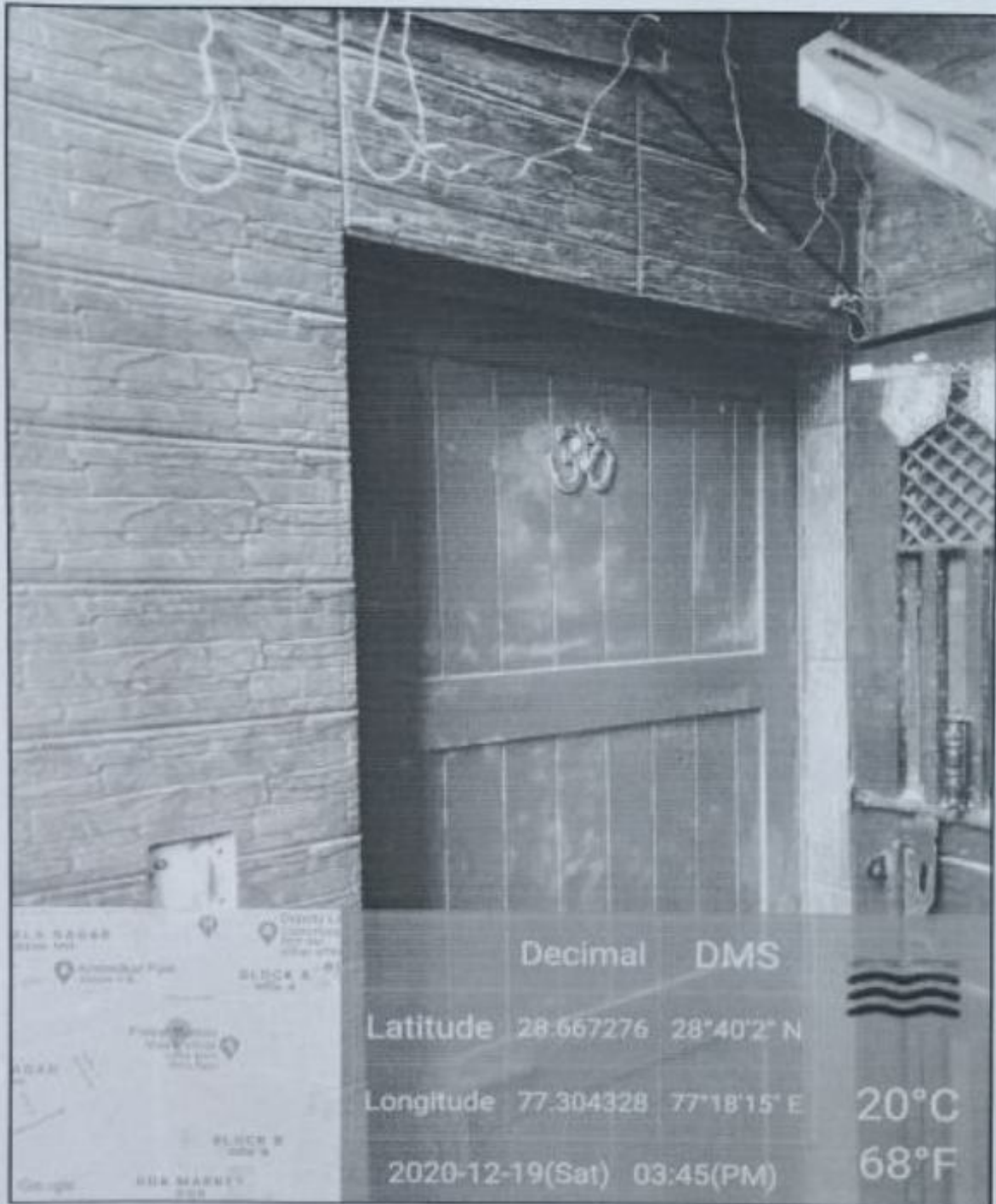


Address Check		
Status	Positive	
Verified Data	Provided Address of the Subject	Address as Verified in Field
Address	60-A, Satyam Enclave, Delhi, PIN-110095	60-A, Satyam Enclave, Delhi, PIN-110095
Period of Stay	NA	Since 2017 to Till Date
Date of Verification	19-December-20 and 18-January-22	
Ownership Status	Rented	
Name of Respondent	Mrs. Mayuri	Relationship: Wife
Contact No. of Respondent	Not Shared	
Photo ID of Respondent	Not Shared	
Remarks	Visit done to verify the address. The address was found to be existing in the said locality of Satyam Enclave. Visit at the given address revealed that the Subject is presently residing in this flat. Subject's Wife was available at the given address at the time of visit. She completed the verification and confirmed that the Subject is residing at the given address since last 3 years.	
Refer Annexure	1. Entrance View 2. Front View 3. Street View	

Handwritten signature



Annexure	Address Check (Current Address)
2	60-A, Satyam Enclave, Delhi. PIN-110095



Pic 1: Entrance View

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Pic 2: Front View

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Pic 2: Front View

Ekdanta Screening Solutions Confidential

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Employment Check		
Status	Positive	
Verified Data	Details as provided	Verified Details
Subject Name	Mr. Nikhil Diwakar Sharma	Mr. Nikhil Diwakar Sharma
Previous Employer Name	Jiva Ayurvedic Pharmacy Ltd.	Jiva Ayurvedic Pharmacy Ltd.
Subject's Designation	Clinic Doctor	Clinic Doctor
Period of Employment	14-Nov-13 to 05-Aug-17	14-Nov-13 to 05-Aug-17
Verified By	Mr. Ratnesh Kumar – Sr. Executive, ratnesh.kumar@jiva.com	
Verifier Remarks	Verification received over the email. Verifier confirmed that the Subject has worked in their organization for the stated tenure. He verified that Subject's conduct and performance throughout the tenure with their organization was good.	
Refer Annexure	1. Mail Revert.	



Subject: Re: Required Employment Verification - Nikhil Diwakar Sharma.

ratnesh.kumar@ratnesh.kumar@jiva.com

Sent: Wed, 9 Dec 2020 10:10:41 GMT+0530

To: You

Cc: <omshiv.mishra@jiva.com>, "Preeti Sharma" <preeti@jiva.com>

Dear Sir/Madam,

Please find below the information about Mr. Nikhil Diwakar Sharma.

Sr. No.	Description	Given Information	Verified Information
1	Candidate's Name	Nikhil Divakar Sharma	Correct
2	Employee Code	20115	Correct
3	Employment Period	14-Nov-13 to 05-Aug-17	Correct
4	Designation & Department	Clinic Doctor	Correct
5	Permanent /Contractual/Trainee	Please Specify	Permanent
6	Salary Drawn	Rs. 37,000/Month	Rs.40241/- CTC
7	Reporting Manager / Head	Please Specify	Area Manager
8	Reason for Leaving	Please Specify	Family Issue
9	Performance	Please Specify	
10	Project details	Please Specify	
11	Exit formalities And Full & Final Settlement are complete? (If pending, from whose side? Employer or Employee)	Yes / No	Yes
12	Any due pending? (If pending, kindly confirm its receivable or payable)	Yes / No	No
13	Employee was involved in any sort of fraud or misrepresentation? (if yes, please explain in brief)	Yes / No	No
14	Eligibility for Rehire - Yes/No (If No, please explain the reason in brief):	Yes / No	
15	Enclosed document is authentic?	Yes / No	Yes
16	Verifier's Name, Designation and Contact Details	Please Specify	Ratnesh Kumar - Sr. Executive Email - ratnesh.kumar@jiva.com

Thanks & regards,
Ratnesh Kumar

From: Omshiv Mishra [mailto:omshiv.mishra@jiva.com]

Sent: 05 December 2020 10:14

To: ratnesh.kumar@jiva.com

Subject: FW: Required Employment Verification - Nikhil Diwakar Sharma.

Dear Ratnesh,

Please do the needful.

Regards

Pic 3: Emp Revert-JAPL

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Omshiv Mishra
HR Manager
Jiva Ayurveda, 501 Embassy building, MG Road, Indore, Madhya Pradesh
Mobile No. 07043327277
Email : Omshiv.mishra@jiva.com

From: Preeti Sharma [mailto:preeti@jiva.com]
Sent: Saturday, December 05, 2020 9:24 AM
To: Omshiv Sir
Cc: operations.ekdanta@rediffmail.com
Subject: FW: Required Employment Verification - Nikhil Diwakar Sharma.

Hi Omshiv,

Please arrange to reply .

Thanks and regards,
Preeti Sharma
Human Resources
Plot #3, DLF Industrial Area | 14th Milestone
Mathura Road | Faridabad | Haryana

L: +91129-4189114
Extn: 214

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From: operations.ekdanta@rediffmail.com [mailto:operations.ekdanta@rediffmail.com]
Sent: Friday, December 4, 2020 5:57 PM
To: preeti@jiva.com
Subject: Re: Required Employment Verification - Nikhil Diwakar Sharma.

Dear Preeti,

Greetings from ESS!

Please refer the below mail and our discussion of the day.

Pic 4: Emp Revert- JAPL

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We are required to close this verification at the earliest to complete the hiring formalities of this candidate.

Your revert will be awaited.

Warm Regards,



Kislaya Singh
Proprietor
Cell: 8826136860
Ekdanta Screening Solutions
www.ekdantascreeningsolutions.com

From: "ESS" <operations.ekdanta@rediffmail.com>
Sent: Wed, 02 Dec 2020 15:25:06
To: <educationjobs@jva.com>
Subject: Required Employment Verification - Nikhil Diwakar Sharma.

Dear Concern,

Greetings from ESS!

This is in reference to our discussion of the day for verification of your ex-employee Dr. Nikhil Diwakar Sharma.

Attached to the mail is the scanned soft copy of Experience Letter as furnished by the candidate for your reference.

Please verify the details as provided below under the "Verified Information" column.

Sr. No.	Description	Given Information	Verified Information
1	Candidate's Name	Nikhil Diwakar Sharma	Correct
2	Employee Code	20115	Correct
3	Employment Period	14-Nov-13 to 05-Aug-17	Correct
4	Designation & Department	Clinic Doctor	Correct
5	Permanent /Contractual/Trainee	Please Specify	Permanent
6	Salary Drawn	Rs. 37,000/Month	Rs.40241/- CTC
7	Reporting Manager / Head	Please Specify	Area Manager
8	Reason for Leaving	Please Specify	Family Issued
9	Performance	Please Specify	No
10	Project details	Please Specify	NA
11	Exit formalities And Full & Final Settlement are complete? (If pending, from whose side? Employer or Employee)	Yes / No	Yes
12	Any due pending? (If pending, kindly confirm its receivable or payable)	Yes / No	No
13	Employee was involved in any sort of fraud or misrepresentation? (if yes, please explain in brief)	Yes / No	No
14	Eligibility for Rehire – Yes/No (If No, please explain the reason in brief):	Yes / No	No Comment
15	Enclosed document is authentic?	Yes / No	Yes

Pic 5: Emp Revert- JAPL

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16	Verifier's Name, Designation and Contact Details	Please Specify	Ratnesh Kumar - Sr. Executive Email - ratnesh.kumar@jiva.com
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Request you to kindly revert on this mail at the earliest.

Warm Regards,



Kislaya Singh
Proprietor
Cell: 8826136850
Ekdanta Screening Solutions
www.ekdantascreeningsolutions.com

Pic 6: Emp Revert- JAPL

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**Restrictions & Limitations:**

Our reports and comments are confidential in nature and are meant only for the internal use of the client to make an assessment of the background of the applicant. They are not intended for publication or circulation to or sharing with any other person including the applicant or are they to be reproduced or used for any other purpose, in whole or in part, without our prior written consent in each specific instance. We request you recognize that we are not the sources of the data gathered and our findings are based on the information made available to us. Should additional information or documentation become available to us, which impacts our conclusions reached in our reports, we reserve the right to amend our findings through our report accordingly. We expressly disclaim all responsibility or liability for any costs, damages, losses, liabilities, expenses incurred by anyone as a result of circulation, publication, reproduction or use of our reports contrary to the provisions of this paragraph. You will appreciate that due to factors beyond our control, it may be possible that we are unable to get all the necessary information. Because of the limitations mentioned above, the results of our work with respect to the background checks should be considered only as a guide. Our reports and comments should not be considered a definitive pronouncement on the individual.

- End of Report -

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