KRM ayurveda

KRMAyurveda Pvt. Ltd.

77 Tarun Enclave, Parwana Road, Pitam Pura, Delhi, Delhi 110034

PRIVILEGING FORM FOR Pharmacist

Name of the Pharmacist : Ruby Employee ID No: KA-1013

Designation: Asst. pharmacist Incharge Dept: pharmacy

Based on the evaluation of credentials and request of ..... and considering the facilities and requirements of our hospital. hereby the grant the following privileges – permission to perform the below mentioned activities independently - to him/her.

Privileging for	Requested (Mark - Y/N)	Approved (Mark - Y/N)	Deferred (Mark - Y/N)
General Privileges:			
Identification of Look alike sound alike	Y	Y	
High alert drug knowledge	Y	Y	
Core Privileges (Dept. Specific)			
Performing Medicine dispensing	Y	Y	
PerformingDrugs knowledge	N	N	
Knowledge of Vish drugs	Y	Y	
Knowledge of Upvish drugs	Y	Y	
Stock maintenance	Y	Y	
ADR knowledge	Y	Y	
Medicine management	Y	Y	

Requested by: Ruby Approved by:

HOD: Anmol

Resume

Ruby Rathore
Mob: 7838309156
Email: rubyrathore312@gmail.com
Address: Shop. No. L-28, J.J Colony Wazir Pur Delhi -110052.

Objective

To reach to the top of organizational hierarchy through self-development and by way of learning & experiencing the critical aspects of Management and Technology.

Educational Qualification

- B.A(Pass)from Delhi University.
- Intermediate from CBSE Board
- Highschool from CBSE Board

Professional Qualification

- Basic Knowledge of Computer
- Basic Knowledge of Tally ERP 9
- Internet Surfing , Emailing , Data Searching

Professional Experience

1.

Organisation : **Divya Upchar Sansthan Pvt. Ltd.**
Designation : Sales & Dispatch Executive
Duration : April 2016 till june 18

Job Profile Includes:

- Handling incoming calls, regarding product inquiry & orders.
- Co-ordination with warehouse team for order processing.
- Co-ordinate with seniors and warehouse team for target orientation.

2.

Organisation : **KRM Ayurveda Pvt. Ltd.**
Designation : Billing and Dispatch Executive
Duration : July 2018 Till now

- Handling Billing.
- Maintain all data in Excel and registers.
- Keeping track record of all Shipments.
- Preparing Various reports for management information.(i.e Master Dispatch , RTO File etc).

Personal Strength & Competencies

Hard Working and seeking new avenues to learn and acquire new skills.
Have the patience to see things through their end.
Punctual & goal oriented. Love Interacting With People. Process Orientation.

Personal Details

- Date Of Birth : 07-03-1996
- Father's Name : Shri Naresh Rathore
- Nationality : Indian
- Marital Status : Single

I firmly believe in single-minded dedication towards one's interests and goals, honesty in lifestyle, I am able to handle multiple assignments under high pressure and thrive on working in a challenging Environment.
I express my thoughts freely and supplement them with actions promptly.

(Ruby Rathore)

Pre Interview Form

Date 20-07-2018

Position Applied for Dispatch Executive

Name Ruby Date of birth 07-02-1998 Age 23

Sex Female

Marital Status Unmarried Dependents

Father/Guardian/Husband's Name Naresh

Occupation of Father/Guardian/Husband

Temporary Address I-26, JJ Colony, Wazirpur, Delhi-110052

Contact (Ph.) Nos. Res (Direct/PP) Office (Ph.)

Mobile Email

Permanent Address Same as above

Academic Qualifications :

	A Name of School / B Name of Instt./College	Degree/Diploma	Year of Passing	Div /% Marks	Subjects
1	Parvodaya Girls	12th			
2	D.U.	B.A.			
3					
4					
C Short term courses / Special Training					
5					
6					

Hobbies / Interests Listening music & reading.

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) (months\days)

KARMA Ayurveda

G.T Karnal Road, North Delhi-110033

Name RUBY Designation DISPATCH EXECUTIVE

Date Of Birth 07-02-1996 Date of Joining 24-07-2016

Present Address L-28 JJ COLONY, WAZIRPUR, DELHI-110052

LandMark

Period of Stay From To

Permanent Address SAME AS ABOVE

LandMark

Period of Stay From To

Mobile Number Alternate Number

Bank Account No. IFSC Code

Bank Name

Details of Previous Employers:-

Company Name WASS ENTERPRISES

Employee ID Reason For Leaving

From (dd/mm/yy) 10-07-2016 To (dd/mm/yy) 30-06-2018

Address B-6, L S.C. MKT, VIVEKANAND PURI, [illegible]

Job Title DISPATCH [illegible]

Supervisor's Details:-

Name Title

Contact Number Landline No

Email Id (Official)

KARMA Ayurveda

G.T Karnal Road, North Delhi-110033

Joining Report

Date of Joining 24-07-2018 Post Dispatch Executive

Dept. in which posted Dispatch

Pay Scale/ Salary 14000/-

Full Name Ruby

Father's/ Husband Name Naresh

Present Address (Res.) L-28, JJ Colony, Wazirpur, Delhi-110052

Tel. No.

Permanent Address (Res.) Same.

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.

Ruby
Full Signature

RUBY
Initials

(For Official use only)

Allowed 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. Adhar 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. Cancel Cheque/ Bank Statement Yes/No

To,

(NOMINATION FORM)

KARMA Ayurveda
A-16, G T Karnal Road,
New Delhi-110033

I, Mr./Ms Rinky S/o/D/o/W/o Naresh
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 of nominee	Proportion by which the service benefits and gratuity will be shared.
1			
2			
3			

Statement

1. Name of Employee in full: Rinky
2. Employee No.:
3. Post: Dispatch Executive
4. Department/Branch/Section where employed: Dispatch
5. Date of Appointment: 24-07-2018
6. Whether unmarried/married/widow/widower:
7. Sex: Female
8. Religion: Hindu
9. Permanent Address: L-28, JJ Colony, Wazirpur, Delhi - 110052
10. Telephone/Mobile No.:

KARMA Ayurveda

G.T Karnal Road, North Delhi-110033

Date 24-07-2018

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

Paste Photograph Here

Name RUBY

Designation DISPATCH EXECUTIVE

Emp. No.

Date of Joining 24-07-2018

Res. Address J-28, JJ COLONY, WAZIRPUR, DELHI - 110052 Pin Code 110052

Contact No.Res (Mob.)

Email ID.

Blood Group

Adhar Card No 317001221851

Pan Card No BYZPR2507P

HR Department

Date 24-07-2018

UNDERTAKING

I, Ruby S/o, D/o, W/o Naresh R/o L-28, JJ Colony, Wazirpur, Delhi-110052 Contact No. _____ Working as Dispatch Executive in KARMA Ayurveda, G.T Karnal Road New Delhi – 110033, since birth 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.

Ruby
Signature of Employee

KARMA Ayurveda
G.T Karnal Road
New Delhi – 110033

Name of the Employee Ruby
Designation Dispatch Executive
Emp. No. _____

AUTHORIZATION FORM

'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: Roby

Candidate Name: Roby

Date: 24-07-2018

Place: Delhi

Reporting Manager's Name & Email Address	Manager's Designation	Employee Designation Held	Period of Employment	Gross Salary drawn (Monthly)	Brief description of functions and duties	Reasons for leaving
Present						
Previous						
Second Last						

Additional Comments:-

Date:- 20-07-2018

Signature:- Ruby

KRM Ayurveda Pvt Ltd

G.T Karnal Road, North Delhi-110033

Photo

Name Ruby Designation Dispatch Executive

Date Of Birth 07-02-1996 Date of Joining 24-07-2018

Present Address L-28, JJ Colony, Wazirpur, Delhi-110052

LandMark

Period of Stay From To

Permanent Address Same as above

LandMark

Period of Stay From To

Mobile Number Alternate Number

Bank Account No. IFSC Code

Bank Name

Details of Previous Employers:-

Company Name Wass Enterprises

Employee ID Reason For Leaving

From (dd/mm/yy) 10-07-2016 To (dd/mm/yy) 30-06-2018

Address B-6, L.S.C. Market, Vineet Kumar Puri, Delhi-110007

Job Title Dispatch co-ordinator

Supervisor's Details:-

Name Title

Contact Number Landline No

Email Id (Official)

KRM Ayurveda Pvt Ltd

G.T Karnal Road, North Delhi-110033

Joining Report

Date of Joining 24-07-2018 Post Dispatch Executive

Dept. in which posted Dispatch

Pay Scale/ Salary

Full Name Ruby

Father's/ Husband Name Naresh

Present Address (Res.) L-28, JJ Colony, Wazirpur, Delhi-110052

Tel. No.

Permanent Address (Res.) Same as above

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.

Ruby
Full Signature

Ruby
Initials

(For Official use only)

Allowed 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. Adhar 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. Cancel Cheque/ Bank Statement	Yes/No

(NOMINATION FORM)

To

KRM Ayurveda Pvt Ltd
A-16, G.T Karnal Road,
New Delhi-110033

I Mr/Ms Ruby S/o/D/o/W/o Naresh

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 hereby cancels all previous nomination

Nominee(s)

Name and address of the nominee(s) (Next of kin)	Relationship with the Employee	Date of Birth/ Age of nominee	Proportion by which the service benefits and gratuity will be shared
1			
2			
3			

Statement

1. Name of Employee in full: Ruby
2. Employee No.:
3. Post: Dispatch Executive
4. Department/Branch/Section where employed: Dispatch
5. Date of Appointment: 24-07-2018
6. Whether unmarried/married/widow/widower:
7. Sex: Female
8. Religion: Hindu
9. Permanent Address: L-28, SJ Colony, Nangloi, [illegible]
10. Telephone/Mobile No:

KRM Ayurveda Pvt Ltd

G.T Karnal Road, North Delhi-110033

Date 24 07 2018

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

Paste Photograph Here

Name: RUBY

Designation: DISPATCH EXECUTIVE

Emp No:

Date of Joining: 24-07-2018

Res Address: H 24, JJ COLONY, WAZIRPUR,

DELHI Pin Code: 110052

Contact No Res: (Mob.)

Email ID:

Blood Group:

Adhar Card No: 3170 0122 1851

Pan Card No: BYZ PR 2501 P

HR Department

Date: 20-07-2018

UNDERTAKING

I, _____ S/o, D/o, W/o Harish _____ R/o F-21,

Pooja, Vinayak Puri, Delhi - 110092 _____ Contact No _____

hereby Dispatch Executive in KPM Ayurveda Pvt Ltd. G.T

Road, New Delhi - 110033, since _____ till date I hereby declare that I have never

been/ kept under detention/ bound down/ fined by court of law convinced by a court

of any offence/ prosecuted for any criminal/ civil offence nor I have any criminal

case against me in any police station / court of law and any case pending against me

in university or any other educational authority/ institution.

Ruby
Signature of Employee

KPM Ayurveda Pvt Ltd
G.T Road
Delhi - 110033

Name of the Employee Ruby
Designation Dispatch Executive
Emp No. _____

AUTHORIZATION FORM

'To whom so ever it may concern'

I hereby authorize the above mentioned party to contact my previous employer mentioned above for verification of information provided by me to M/s **KRM Ayurveda Pvt Ltd** in connection to my application for employment. I understand that the contents of this employment or the offer of employment may be based upon the outcome of the background check conducted.

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

Candidate Signature: Rahul

Candidate Name: Rahul

Date: 24-07-2018

Place: Delhi

coll = Collection	min = Minimum	txn = Transaction
comm = Commision	os = Outstanding	Wdl = Withdrawal
COR/CORR = Correction	P & T = Postage & Telegram	+MOD bal= total balance (SB+linked A
CR = Credit	Pos = Point of sale	
csh = Cash		

भारतीय स्टेट बैंक

State Bank of India

ASHOK VIHAR
JEET BUILDING, 11 CENTRAL MAR
ET

Savings Bank Account
CIF No : 87282010838
Account No : 20227618170
Customer Name: RUBY

S/D/W/H/o:NARESH
Address:L 28
JJ COLONY WAZIRPUR
DELHI

Phone:
Email:
D.O.B. (If Minor):
MOP.:SINGLE

FIRST

Phone:
Email:sbi.11546@sbi.co.in
Branch Code:11546
Date of Issue:15/12/2014
15/12/2014 3318583 11546
IFSC:SBIN0011546

शाखा प्रबंधक
Branch Manager

New Form No. 11 – Declaration Form

(To be retained by the employer for future reference)

EMPLOYEES' PROVIDENT FUND ORGANISATION

Employees' Provident Funds Scheme, 1952 (Paragraph 34 & 57) &

Employees' Pension Scheme, 1995 (Paragraph 24)

(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	RUBY
2	Father's Name ☑ Spouse's Name ☐ (Please tick whichever is applicable)	NARESH
3	Date of Birth (DD / MM / YYYY)	07-03-1996
4	Gender (Male/Female/Transgender)	FEMALE
5	Marital Status (Married/Unmarried/Widow/Widower/Divorcee)	UNMARRIED
6	(a) Email ID: (b) Mobile No.	
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)	
	c) Passport No	
	d) Validity of passport [(DD/MM/YYYY) to (DD/MM/YYYY)]	
11	**KYC Details:** (attach self attested copies of following KYCs)	
	a) Bank Account No. & IFS Code	
	b) AADHAR Number	317001221851
	c) Permanent Account Number (PAN), if available	BYZPR2507P

UNDERTAKING

1) Certified that the particulars are true to the best of my knowledge.
2) I authorize EPFO to use my Aadhar for verification/authentication/eKYC purpose for service delivery.
3) Kindly transfer the funds and service details, if applicable, from the previous PF account as declared above to the present P F 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)
4) In case of changes in above details, the same will be intimated to employer at the earliest.

Date
Place

Ruby
Signature of Member

DECLARATION BY PRESENT EMPLOYER

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 UAN 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 his/her UAN/Pre-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 are not registered with EPFO, the member has been informed to the physical claim (Form 13) for transfer of funds from his previous establishment.

Date:

Signature of Employer with Seal of Establishment

OFFER LETTER

Dear Ruby,

We are pleased to appoint you as **Dispatch Executive** in Karma Ayurveda Effective 24th July 2018 You will report to the Prashanti Chaudhary(Manager)and whom so ever of the company during your employment with Karma Ayurveda or such person as will be notified to you. The rules 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 **1,68,000CTC 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 9:00 AM TO 6:00 PM of 6 working days and 9 work 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, remunerative, 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 of 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 undersigned 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.

RUBY

(Ruby)
Date: - 30-07-2018

05/11/86

07TH FEBRUARY NINETEEN HUNDRED NINETY SIX

SARVODAYA GIRLS SS JJ COLONY WAZIRPUR DLI

Part – 1 Scholastic Areas

	Grade IA	Grade IB			Grade IA	Grade IB		
101 ENGLISH LANG & LIT	C2	D	C2	05	C1	D	C2	05
102 HINDI COURSE A	C1	C2	C1	06	B2	B2	B2	07
241 MATHEMATICS	C1	D	C2	05	C1	D	C2	05
086 SCIENCE	C1	E1	D	04	A1	C	B2	07
087 SOCIAL SCIENCE	C1	C2	C1	06	B2	C2	C1	06
122 SANSKRIT	C2	D	D	04	C1	E1	D	04

Grade Point Average (GPA) 5.0

Class IX

Scholastic Aspects: Descriptive Indicators	Grade
	B
and displays keen observation skills.	B
	B
	B

Part – 2 Co-Scholastic Areas

	B
	B
	B

13

केन्द्रीय माध्यमिक शिक्षा बोर्ड
CENTRAL BOARD OF SECONDARY EDUCATION

0417876

अंक विवरणिका MARKS STATEMENT

सीनियर स्कूल सर्टिफिकेट परीक्षा, 2013
SENIOR SCHOOL CERTIFICATE EXAMINATION, 2013

SUBJECT	प्राप्तांक MARKS OBTAINED				
	सि. TH	प्र. PR	योग TOTAL	योग शब्दों में TOTAL IN WORDS	
	033	[illegible]	033	[illegible] THREE	[illegible]
	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
		[illegible]	[illegible]	[illegible]	[illegible]
					[illegible]
					[illegible]
					[illegible]

University of Delhi

Examination Year 2018

Statement of Marks

Exam Roll No : 5929245 Course : B.A. (Programme)

SOL Roll No : 13-1-16-025789 Student Name : RUBY

Part : III Father's Name : NARESH

College Name : School of Open Learning Date of Printing: 04-Apr-2019

SrNo	Paper Code	Paper Name	Part	TH Marks	TH Max Marks	PR Marks	PR Max Marks	Paper Result
1	A110	ENGLISH - A	1	36*	100			P
2	A135	HINDI - A	1	36*	100			P
3	A139	HISTORY - 1	1	38*	100			P
4	A166	POLITICAL SCIENCE	1	36*	100			P
5	B119	ENGLISH - A	2	36*	100			P
6	B139	HISTORY - 3	2	40*	100			P
7	B166	POLITICAL SCIENCE	2	36*	100			P
8	B402	HUMAN RIGHTS, GENDER & ENVIRONMENT	2	36*	100			P
9	C135	HINDI - A	3	40*	100			P
10	C140	HISTORY - 5	3	50*	100			P
11	C166	POLITICAL SCIENCE - A	3	36*	100			P
12	C811	GLOBALIZATION	3	52	100			P

Part	Total Obtained Marks	Max Total Marks	Result
1	146	400	PASSED
2	148	400	PASSED
3	178	400	PASSED

Result	Marks Obtained	Max Marks	Division
Course Completed	472	1200	THIRD DIVISION

Abbreviations: RL: Result will be declared later, if Necessary; ER: Essential Repeat; Imp: Improvement; TH: Theory; PR: Practical; IA: Internal Assessment; P: Passed in paper; A: Absent; F: Failed in Paper; F-TH: Failed in theory; F-PR: Failed in Practical; *: Already Pass

Note:

1. Those who have ER in any paper/Subject are not eligible for the degree. They have to appear in ER as per span period.
2. This is web-based statement of marks and is valid for all official purpose. Students are also advised to get this statement of marks duly authenticated by the Executive Director, SOL, DU, if needed

Date of Result Declaration: 29-OCT-18

Dr. Satish Kumar
O.S.D.(Examination)

Passing Criteria of a Paper (All conditional are necessary)
(i) 40% in TH (ii) 40% in PR (Wherever applicable) Honors Courses

Disclaimer

1. The result displayed on SOL, DU website is subject to correction, if any discrepancy is noticed.
2. Student should immediately contact SOL, DU if there is any discrepancy in the above result of marks in theory and practical within one month from the declaration of the result.

Back

Mob. : +919212164264

WASS ENTERPRISES

B-6, L.S.C. MARKET, VIVEKANAND PURI, NEW DELHI - 110 007 (INDIA)
E-mail : wassenterprises2911@gmail.com

SALES, MARKETING & DISTRIBUTORS

Ref. No. ..... *Dated* .....

EXPERIENCE CERTIFICATE

TO WHOME SO EVER IT MAY CONCERN

This is to certify that MS. RUBY RATHORE was working with our Organization in Dispatch Co-ordination. She had joined us on 10th July'2016 till 30th June 2018 Last drawn salary was Rs12000/-Net.

She was honest & hard working and bears good character. Our Organization does not have any dues towards her.

We wish her a successful & smooth carrier ahead. We confirm all Information is true as per our record

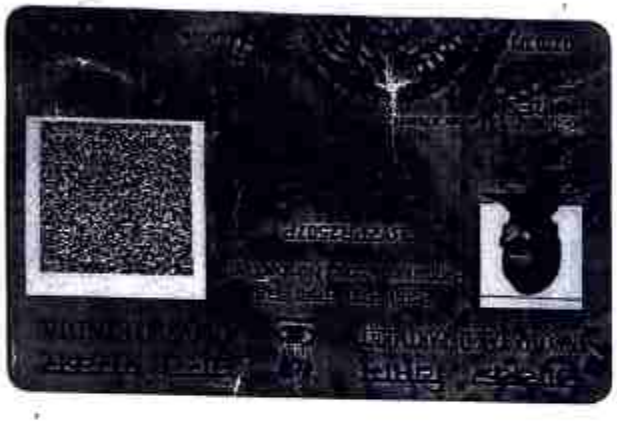
Thanking you,
Yours truly,

AMAN WALIA
For WASS ENTERPRISES

Date: _____


3170 0122 1851


Ruby
महिला / Female
3170 0122 1851



Appraisal Letter

Name: Ruby
Designation: Dispatch Executive

Subject: Appraisal Letter

Dear Ruby,

Congratulations!

We are pleased to inform you got the appraisal which is effective from 1st April2022. Consequent to this your gross compensation has been revised to Rs 21780/- which is a10%approx. increase compared to your previous salary.

We expect you to keep up your performance in the years to come and grow with the organization and all other terms and conditions of your letter of appointment remain unchanged.

We hope that you will continue to work with even greater zeal and enthusiasm.

Sincerely,

For KRM Ayurveda Pvt Ltd

Gunjan Gulati

Gunjan Gulati
HR Head

24-07-2018

This is to inform you that on June **2021**, you are being transferred to our PVT LTD company i.e. KRM Ayurveda Pvt Ltd. You will continue the same Designation **Dispatch Executive,** Department **OPD** and you will be reporting to **Arjun Kumar(Operation Manager).**

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.

We hope 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 undersigned as a token of your acceptance of the above terms.

We wish you every success in this assignment.

Regards,

Gurjeet Gulati

Director

Agree and Accepted

RUBY RATHORE

Department: Dispatch
Job Title: Dispatch Executive
Report to whom: Manager
Educational Qualifications: Graduate

Role and Responsibilities:-

Monitoring the progress of painting & amp; packing activities by reviewing the same at various stages with the operating team.

□ Managing transportation by coordination with different transporters as per sizes of material and agreement for transportation of material.

□ Preparation of packing list as per box & Delivery note cum invoices.

□ Maintain minimum level of inventory by planning daily work load for export, domestic & International orders.

□ Managing warehouse operation, include from collection of material from Factory to dispatch.

□ Job responsibility related to Order execution, coordination with marketing for clearances.

□ Implementation and dispatch commitments, Daily, Weekly, and Monthly.

□ Dispatch planning based on production planning.

□ Material Accounting, Time loss analysis, Wastage and Scrap disposal and reuse.

□ Preventive maintenance plan Weekly, Monthly, Revised schedules to meet supplies Requirement and Control Area Identification and implementation.

In addition to above any other work assigned from time to time by the Competent Authorities

Ministry of Health & Family Welfare
Government of India

Certificate for COVID-19 Vaccination

Issued in India by Ministry of Health & Family Welfare, Govt. of India

Certificate ID 93891388548

Beneficiary Details

Beneficiary Name / लाभार्थी का नाम	Ruby
Age / उम्र	26
Gender / लिंग	Female
ID Verified / पहचान पत्र सत्यापित	Aadhaar # XXXXXXXX1851
Unique Health ID (UHID)	
Beneficiary Reference ID	43186900894030
Vaccination Status / टीकाकरण की स्थिति	Fully Vaccinated (2 Doses)

Vaccination Details

Vaccine Name / वैक्सीन का नाम	COVISHIELD	
Vaccine Type / टीका का प्रकार	COVID-19 vaccine, non-replicating viral vector	
Manufacturer / उत्पादक	Serum Institute of India Pvt. Ltd.	
Dose Number / खुराक की संख्या	1/2	2/2
Date of Dose / खुराक की तारीख	25 Sep 2021	27 Apr 2022
Batch Number / बैच संख्या	4121Z001M	4121Z022M
Vaccinated By / टीका लगाने वाले का नाम	Kumod	
Vaccination At / टीकाकरण का स्थान	Bhagwan Mahavir DH 1, North West Delhi, Delhi	

"दवाई भी और कड़ाई भी।
Together, India will defeat COVID-19"
- प्रधानमंत्री नरेंद्र मोदी

In case of any adverse events, kindly contact the nearest Public Health Center/ Healthcare Worker/District Immunization Officer/State Helpline No. 1075

टीकाकरण पश्चात किसी प्रतिकूल घटना के होने पर नजदीकी स्वास्थ्य केंद्र/स्वास्थ्य कर्मी/जिला टीकाकरण अधिकारी/राज्य हेल्प लाइन 1075 पर सम्पर्क करें

CoWIN
Winning Over COVID

This certificate can be verified by scanning the QR code at http://verify.cowin.gov.in

Patient Name	: MS. RUBI	Collected	: 06/Jul/2022 05:12PM
Age/Gender	: 25 Y 0 M 0 D /F	Received	: 06/Jul/2022 05:21PM
LAB No	: SS260287	Reported	: 07/Jul/2022 09:48AM
Mobile No	: 7838309156	Status	: Final Report
Refer Doctor	:Dr.KRM Ayurveda		

DEPARTMENT OF HAEMATOLOGY

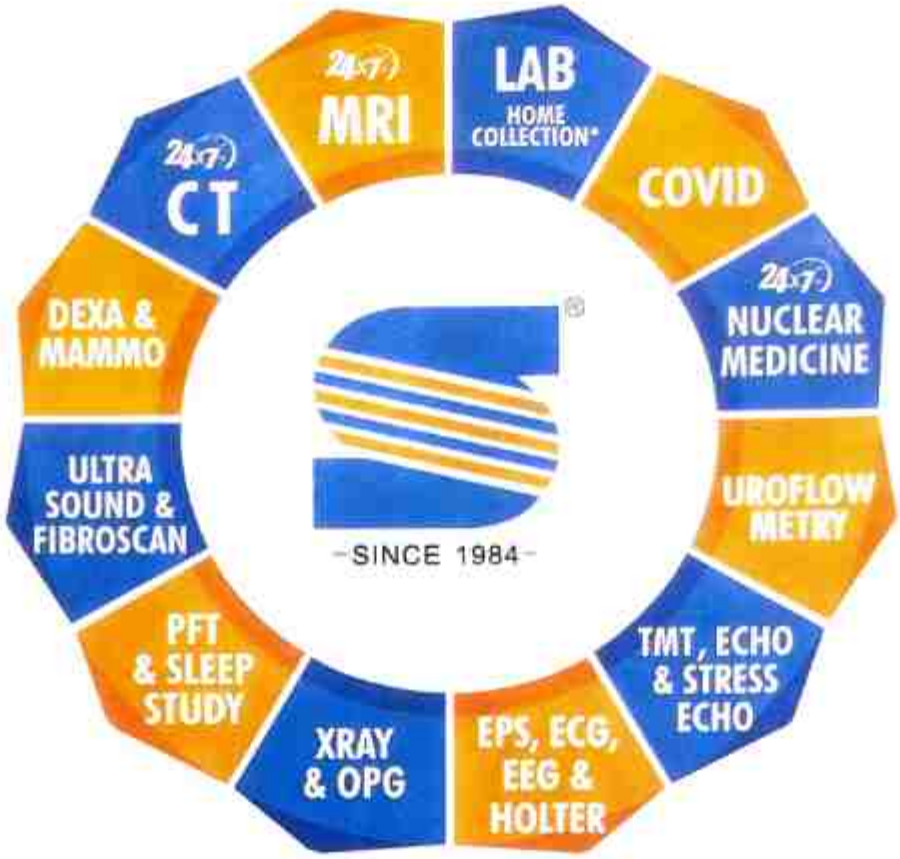
Investigation Name	Result	Unit	Bio. Ref. Range	Method
HAEMOGLOBIN, WHOLE BLOOD EDTA	10.7	g/dL	12-15	SLS-Hemoglobin

Dr. Poonam Sahni
MBBS (MAMC), MD (LHMC)
Senior Consultant Patholog
DMC REG. No. - 12281

Dr. Sukhneet Kaur Isher
DNB (PATH), MBBS
Consultant Pathologist
DMC Reg. No. 83536

Dr. Savitri
MBBS(RMC), MD(SGPGI)
Consultant Microbiologist
DMC REG No. - 13514

Dr. Amita K. Gadhok
PhD (Med Biochemistry) (SMS MC)
Consultant Biochemist



*conditions apply

AMBULANCE*
*service available round the clock

HEALTH PACKAGES AVAILABLE

NABH-MIS NO.3012-02 | ISO CERTIFIED COMPANY | NABL ACCREDITATION NO. MC-2771

NABH-MIS NO.3018-008 | ISO CERTIFIED COMPANY | NABL ACCREDITATION NO. MC-2899

DELHI | NOIDA

HELPLINE

011-47 111 111

CENTRE :
2 & 3, SHAKTI VIHAR, PITAMPURA, DELHI-110034

LAB COLLECTION, ECG, ALSO AT :
NP-152A (OPP. J P MARKET) PITAMPURA, DELHI-110034

95 8000 7000

CENTRE :
E 1B, SECTOR 39, NEAR RYAN INTERNATIONAL SCHOOL
NOIDA, UTTAR PRADESH 201301

Terms of reporting

- In case of alarming or unexpected test results, you are advised to contact the center immediately for further discussions and action. Results are meant to be correlated with the patients's clinical history.
- Patients are requested to verify the patient and test details. The report will carry the name and age provided at the time of registration.
- Test results & reference ranges vary depending on the technology and methodology used.
- Rarely repeat / additional testing may be requested for an indeterminate result or any other pre-analytical / Analytical / post analytical reason
- Test results are not valid for medico-legal purposes.
- The courts (forums) at Delhi shall have exclusive jurisdiction in all disputes / claims concerning the test and/or results of the tests.

Patient Name	: MS. RUBI	Collected	: 06/Jul/2022 05:12PM
Age/Gender	: 25 Y 0 M 0 D /F	Received	: 06/Jul/2022 05:18PM
LAB No	: SS260287	Reported	: 07/Jul/2022 10:47AM
Mobile No	: 7838309156	Status	: Final Report
Refer Doctor	:Dr.KRM Ayurveda		

DEPARTMENT OF SEROLOGY

Investigation Name	Result	Unit	Bio. Ref. Range	Method
HBsAg DETECTION TEST, SERUM				
INDEX VALUE	0.237			ECLIA
RESULT	Non-Reactive			

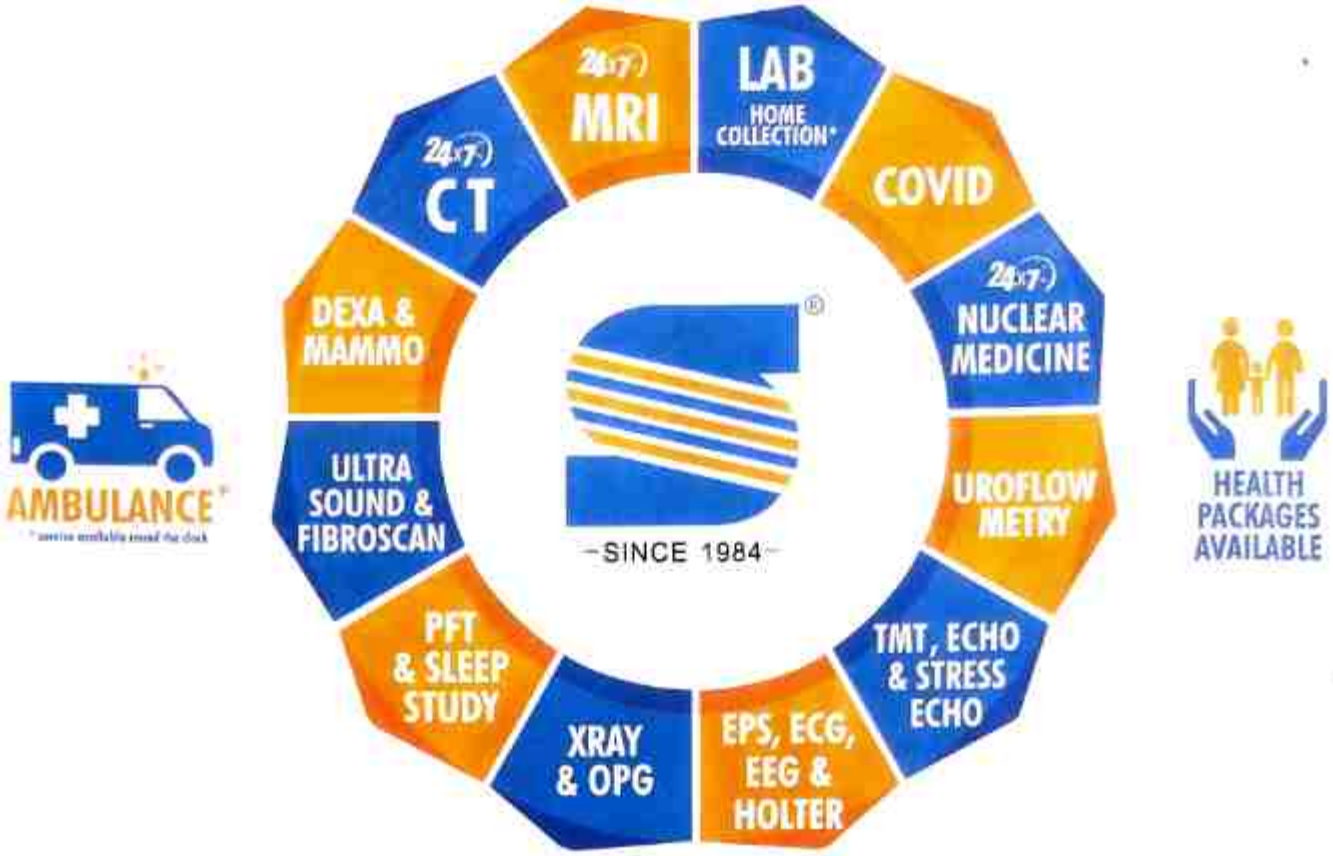
Biological reference interval (Cut off index)
< 0.9 - Non reactive
0.9 to < 1.0 - Borderline
≥ 1.0 - Reactive

Comments :
For diagnostic purpose and in order to differentiate acute HBV infection from chronic HBV infection, the detection of HBsAg must be correlated with patient symptoms and other hepatitis B viral serological markers.
A nonreactive test result does not exclude the possibility of exposure to or infection with hepatitis B. Nonreactive test results in individuals with prior exposure to hepatitis B may be due to antigen levels below the detection limit of this assay or lack of antigen reactivity to the antibodies used in this assay.
All reactive and borderline samples must be tested by other method like neutralization, Elisa or PCR.

HIV I & II (INCLUDING P24 AG), SERUM				
ANTIBODIES TO HIV-1 VIRUS, SERUM	Non-Reactive			Immunochromatography
ANTIBODIES TO HIV-2 VIRUS, SERUM	Non-Reactive			
HIV P24 ANTIGEN, SERUM	Non-Reactive			

Comments :
1.This is only a screening test. All samples detected reactive must be confirmed by using HIV Western Blot or PCR. Therefore for a definitive diagnosis, the patient's clinical history, symptomatology as well as serological data, should be considered.
A Non reactive test result at any time does not preclude the possibility of exposure to, or infection with HIV.
2.p24 antigen shows cross reactivity to betrophilic antibodies, RA factor etc.
3.Some samples show cross reactivity for HIV antibodies. Following factors are found to cause false positive HIV antibody test results: Naturally occurring antibodies, passive immunization, leprosy, Renal Disorders, Tuberculosis, Myco-bacterium avium, Herpis simplex, Hypergamma-globulinemia, Malignant neoplasms, Rheumatoid arthritis, Tetanus vaccination, Autoimmune diseases, Blood Transfusion, Multiple myeloma,Haemophelia, Heat treated specimens, Lipemic serum, Anti nuclear antibodies, T-cell leukocyte antigen antibodies, Epstein Barr virus, HLA antibodies and other retroviruses.

Note : Pretest & Post test counselling to be done by referring Doctor.



*conditions apply

NABH-MS NO.2013:02 | ISO CERTIFIED COMPANY URS 3189/A/0001/UK/E- | NABL ACCREDITATION NO. MC-3171

NABH-MS NO. 20 6-0081 | ISO CERTIFIED COMPANY URS 0-1816/2000 | NABL ACCREDITATION NO. MC-2899

DELHI | NOIDA

HELPLINE

011-47 111 111

CENTRE :

2 & 3, SHAKTI VIHAR, PITAMPURA, DELHI-110034

LAB COLLECTION, ECG, ALSO AT :

NP-152A (OPP. J P MARKET) PITAMPURA, DELHI-110034

95 8000 7000

CENTRE :

E 1B, SECTOR 39, NEAR RYAN INTERNATIONAL SCHOOL
NOIDA, UTTAR PRADESH 201301

Terms of reporting

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Mobile No	: 7838309156	Status	: Final Report
Refer Doctor	:Dr.KRM Ayurveda		

DEPARTMENT OF SEROLOGY

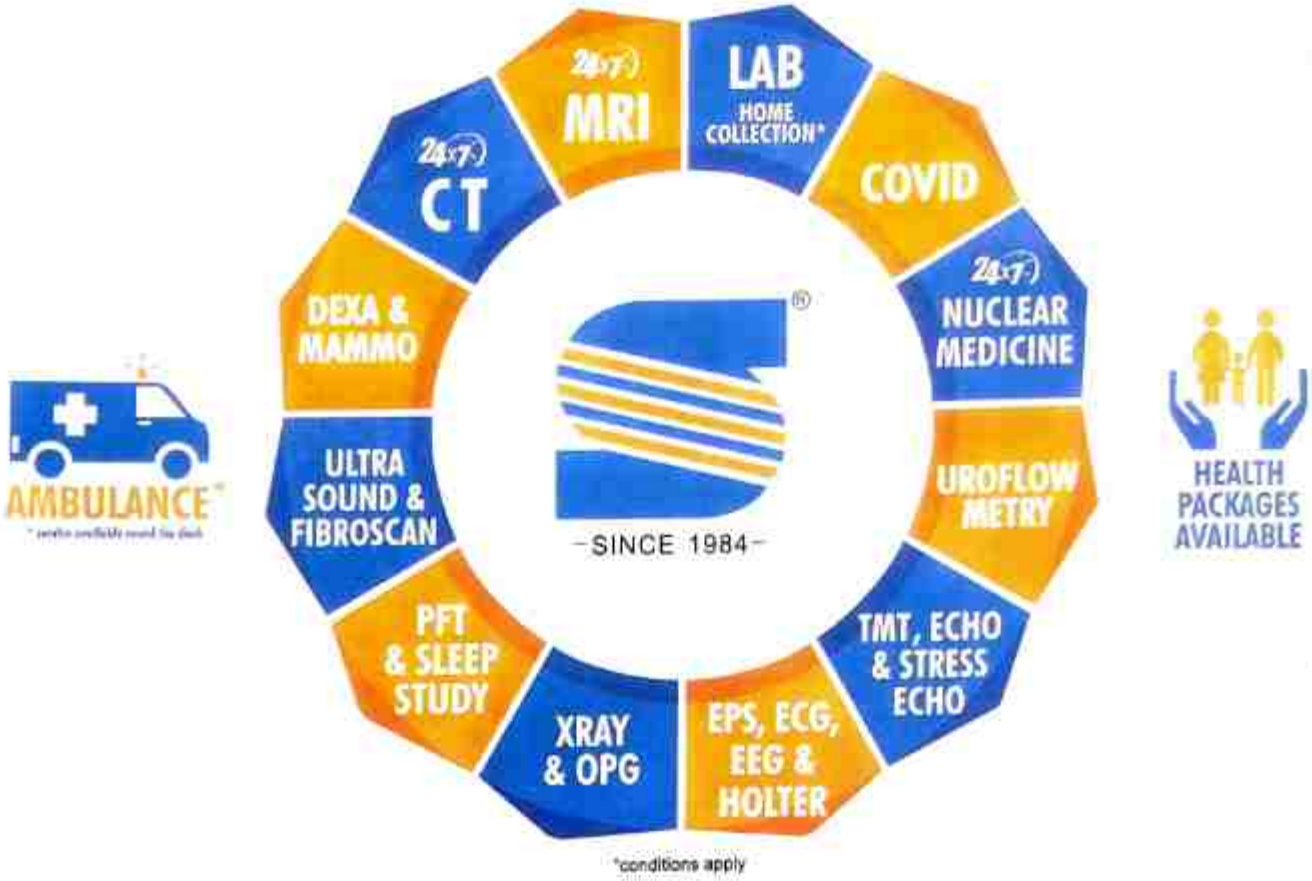
Investigation Name	Result	Unit	Bio. Ref. Range	Method

Dr. Poonam Sahni
MBBS (MAMC), MD (LHMC)
Senior Consultant Pathologist
DMC REG. No. - 12281

Dr. Sukhneet Kaur Isher
DNB (PATH), MBBS
Consultant Pathologist
DMC Reg. No. 83536

Dr. Savitri
MBBS(RNC), MD(SGPGI)
Consultant Microbiologist
DMC REG No. - 13514

Dr. Amita K. Gadhok
PhD (Med Biochemistry) (SMS MC)
Consultant Biochemist



NABH HCS NO. 20 | 3-00 · ISO CERTIFIED COMPANY · NABL ACCREDITATION NO. MC 277 · NABH HCO 20 | 8-008 · ISO CERTIFIED COMPANY · NABL ACCREDITATION NO. MC-2899

DELHI | NOIDA

HELPLINE

011-47 111 111

CENTRE :
2 & 3, SHAKTI VIHAR, PITAMPURA, DELHI-110034

LAB COLLECTION, ECG, ALSO AT :
NP-152A (OPP. J P MARKET) PITAMPURA, DELHI-110034

95 8000 7000

CENTRE :
E 1B, SECTOR 39, NEAR RYAN INTERNATIONAL SCHOOL
NOIDA, UTTAR PRADESH 201301

Terms of reporting

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- Rarely repeat / additional testing may be requested for an indeterminate result or any other pre-analytical / Analytical / post analytical reason
- Test results are not valid for medico-legal purposes.
- The courts (forums) at Delhi shall have exclusive jurisdiction in all disputes / claims concerning the test and/or results of the tests.

Dr. Rakash K Fotadar

Family Physician

Reg No. - DMC 33959

MBBS (GMC, Jammu)
DNB Medicine (Trained), Batra Hospital & Medical Research Centre, New Delhi
Certificate Course in Diabetes
Ex Senior Resident Batra Hospital and Medical Research Centre (BHMRC), New Delhi
(Dept. of Medicine and Intensive Care Unit)
Ex Junior Resident Safdarjung Hospital (Dept. Of Cardiology), New Delhi
Life Member of RSSDI (Research Society for the study of Diabetes in India)
Life Member of AFPI (Academy of Family Physicians of India)
Distinguished Associate Life Member of ISCCM (Indian Society of Critical Care Medicine)

Name: Ruby Rathod

Date: 30/09/2022

Age/Sex: 26 yr / F

Mobile No.: 7838309156

Diagnosis: for Hep. 3rd dose

& wt. 7-7 yrs

Rx

0 · 2 i. BEVAC 1 cp
IM stat
(Delhi)

2 2 i. 7.7 | cp IM stat

14/11/2022

2 i. BEVAC 1 cp IM stat
(Delhi)

SUBJECT REPORT DETAILS	
Client Name	KARMA AYURVEDA
Subject Name	Ms. Ruby Rathore
Date of Birth	07-02-96
Client Reference Number	NA
ESS Reference Number	ESS-KA-07-2022-804
Level of Check	Standard
Report Type	Final Report
Date of Case Received	22 July' 22
Date of Report Sent	19-Aug-22
Report Status	POSITIVE

Legend

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

Criminal Check (Court Check)		
Status	**No Record**	
Verified Data	**Details Provided by the Subject**	**Verification Remarks**
Address	L-28, JJ Colony, Wazirpur, Delhi. PIN-110052	Verified
Subject Date of Birth	07-Feb-96	
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	

Annexure	Criminal Check (Court Check)
1	L-28, JJ Colony, Wazirpur, Delhi. PIN-110052

Eagal India Associates

Reg No.: 09CPHPS2644CIZT

Advocate:- ALANKAR SINHA
Lucknow High Court
Office:356/318/76 Mohaan Road
Manas Vihar Alamnagar Rajajipuram 226017
Lucknow U.P.

Report

Applicant Name	Ruby
check ID	5093
Date of Birth	07-Feb-1996
Father's/ Spouse Name	Naresh
Address	L-28, JJ Colony, Wazirpur, Delhi. PIN-110052
Date of Verification	17/08/2022
No. of Years Search	10 Year
Result of court Verification Tract	No Record Found

Civil Proceedings: Original suit/Miscellaneous Suit/ execution/ Arbitration cases & Criminal Proceedings: Criminal Petition/ criminal Appeal/ Sessions Cases/ special Session cases. Criminal Miscellaneous Petition/ Criminal Revision appeal

Court	Jurisdiction	Name of Court	Result
Civil Court	North West	Civil Judge(Sr. Divn.), Addl.Civil Judge(Sr.Divn.), Civil Judge(Jr. Divn)	No Record Found
Magistrate Court	North West	Chief Judicial Magistrate	No Record Found
District & Sessions Court	North West	District & Sessions Court, Addl. District & Session Court, Both Civil and Criminal	No Record Found
High Court	Delhi	High Court	No Record Found
Supreme Court	India	Supreme Court	No Record Found

In conclusion as on the date of this search and as per the records of jurisdictional courts, there is no case pending against the subject as per the sheet attached herewith.

THIS IS ONLY AN INFORMATION NOT A CERTIFICATE

Signature with seal of Law Firm

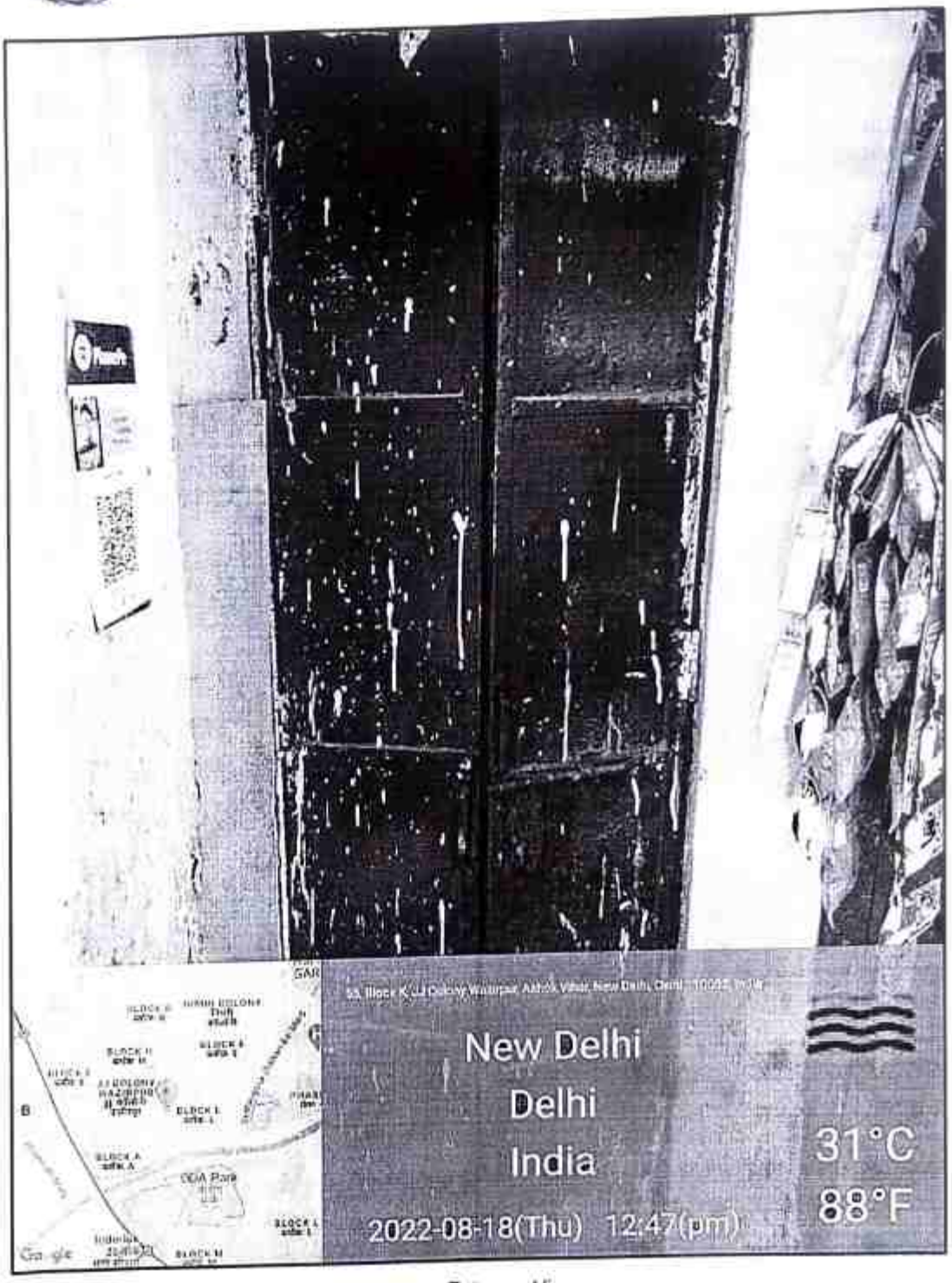
For EAGAL INDIA ASSOCIATES
Alankar Sinha

Proprietor

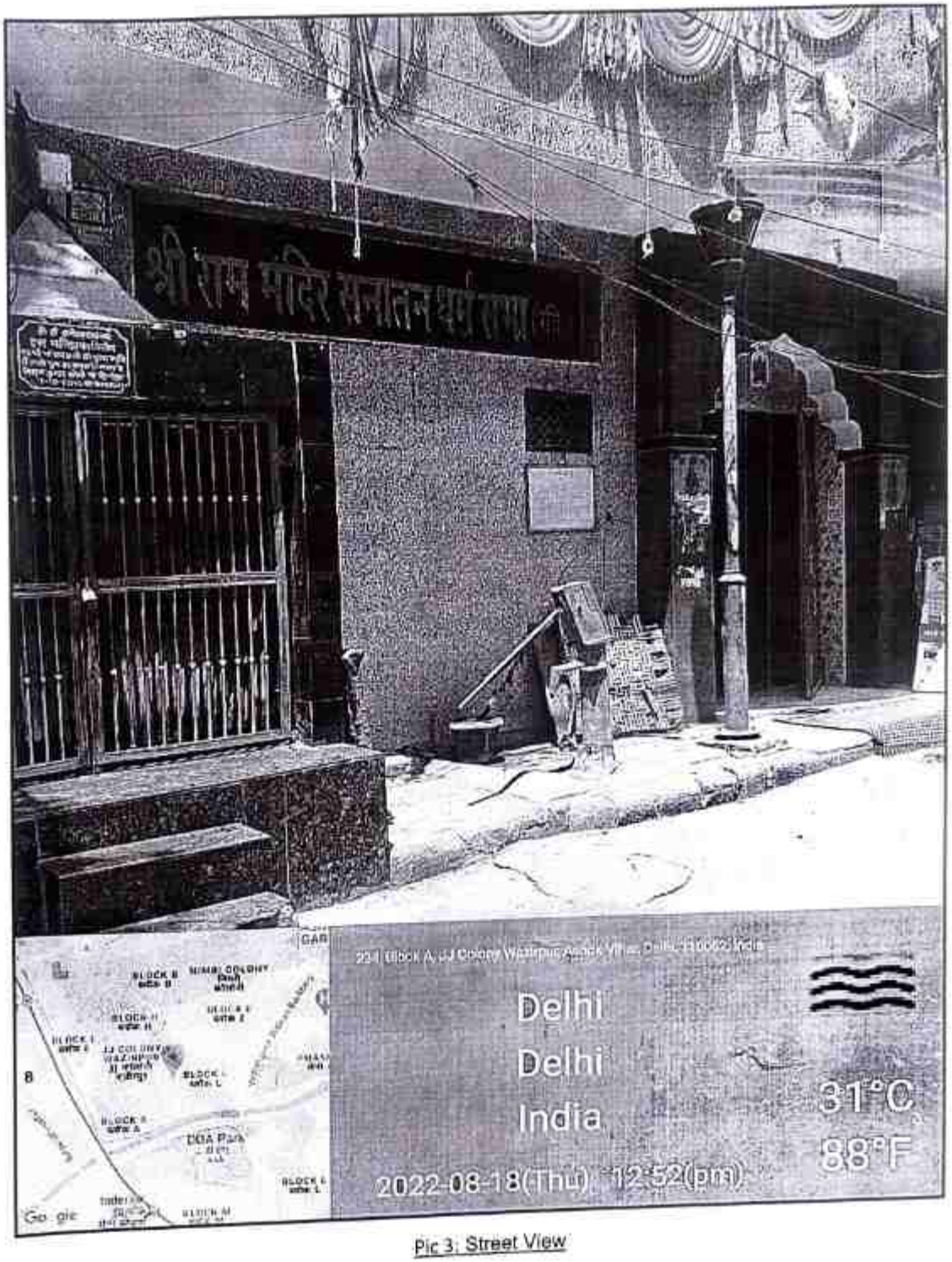
Address Check		
Status	**Positive**	
Verified Data	**Provided Address of the Subject**	**Address as Verified in Field**
Address	L-28, JJ Colony, Wazirpur, Delhi. PIN-110052	L-28, JJ Colony, Wazirpur, Delhi. PIN-110052
Period of Stay	NA	Since Birth to Till Date
Date of Verification	18-Aug-22	
Ownership Status	Owned	
Name of Respondent	Mrs. Munni	**Relationship**: Mother
Contact No. of Respondent	8595578861	
Photo ID of Respondent	Yes	
Remarks	The address was found to be existing in the said locality of JJ Colony in Wazirpur area. It was confirmed that the Subject presently resides at this address. Subject's Mother was available at the given address at the time of visit. She completed the verification and confirmed that the Subject is staying at this address since last 26 years.	
Refer Annexure	1. Front View 2. Entrance View 3. Nearest Landmark 4. Photo ID	

Annexure	Address Check (Current)
2	L-28, JJ Colony, Wazirpur, Delhi. PIN-110052

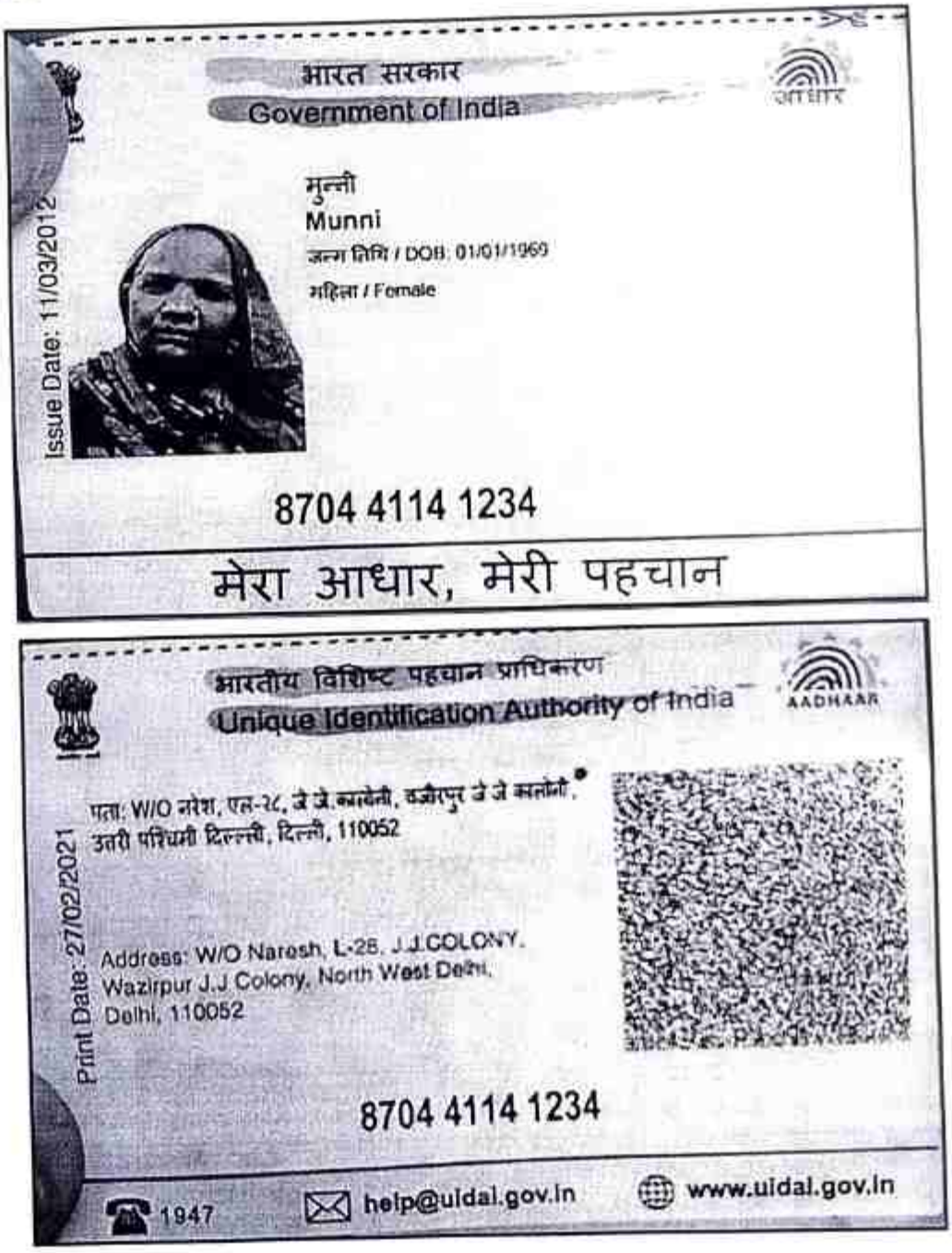
Pic 1: Front View



Pic 2: Entrance View



Pic 3: Street View



Pic 4: Photo ID

Employment Check		
Status	**Positive**	
Verified Data	**Details as provided**	**Verified Details**
Subject Name	Ms. Ruby Rathore	Ms. Ruby Rathore
Previous Employer Name	Wass Enterprises	Wass Enterprises
Subject's Designation	Dispatch Co-Ordination	Executive - Dispatch Co-Ordination
Period of Employment	10-Jul-16 to 30-Jun-18	10-Jul-16 to 30-Jun-18
Verified By	Mr. Aman Walia (Proprietor), 9212164264	
Verifier Remarks	Verification received verbally over the phone as the firm has shut it's operation since more than a year due to ongoing pandemic. Verifier confirmed that the Subject did work in his firm for the above stated tenure on the given designation. He verified that the shared Experience Letter is genuine.	

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 -

PRIVILEGING FORM FOR THERAPISTS

Name of the Therapist: Manmohan Employee ID No: 2150

Designation: Male Therapiest Dept: Panchkarma IPD

Privileging:

Based on the evaluation of credentials and request of ..... Dr. Monika ..... and considering the facilities and requirements of our hospital, hereby the grant the following privileges – permission to perform the below mentioned activities independently - to him/her.

Privileging for	Requested (Mark - Y/N)	Approved (Mark - Y/N)	Deferred (Mark - Y/N)
General Privileges:			
Identification of Dravyas/aushadhis	Yes	Yes	Yes
Preparation of Kashayasi.e. Panchakarma preparation	Yes	Yes	Yes
Core Privileges (Dept. Specific)			
Performing poorva karmas	yes	yes	yes
Performing Panchakarma procedures-Snehana	yes	yes	yes
Supervising/Performing Swedana	yes	yes	yes
Supervising/Performing Basti	yes	yes	yes
Supervising/Performing Vaman	No	No	No
Supervising/Performing Nasya	No	No	No
Supervising/Performing other procedures-Lepa. Pichu. StanikaVasti	yes	yes	yes

Requested by: Dr Monika

HOD: Dr Monika

Approved by:

Ref: Shree Panchakarma Therapist (Male)

Expecting → 25K

On hold → After 10 L°

CURRICULUM VITAE

MANMOHAN SINGH

VILLAGE- TARAKOT, PO-TARAKOT

Tehsil – Chinyalisor, Distt – Uttarkashi,

Uttarakhand - 249152

Faridabad

Cont. No: 7800436008,8755505764; Email : ayur.mannusingh@gmail.com

OBJECTIVE:-

- Being an honest hardworking and co-operative person I would like to work in competitive and motivating environment where I can earn more knowledge and enhance my skills and ability

QUALIFICATION:-

Total Exp → 4 years

- Diploma of Ayurvedic Panchkarma Tactician From Shree Ayush Hospital & Research institute Old Nehru colony Dharampur Dehradun.
- Diploma of Computer of 6 months from Smart infotech center in Kanpur up.
- Pursuing Digital marketing course in Digiprfomenc delhi.
- 12th passed from U.K. Board.
- 10th passed from U.K. Board.
- I have a Blood Donate Certificate.
- I have a First Aid Training certificate.

due to same issues / location → 22K in hand

Father passed away

Mother → HW

Brother → driver // Farmer

Sister → Study // Married

TRAINING SUMMARY AND WORK EXPERIENCE:-

- NABH Integration in shuddhi ayurveda panchakarma clinic faridabad.
- Current work in shuddhi ayurveda panchakarma clinic in faridabad.
- Two years work in Maharishi Ayurveda wellness center DLF phase iv Gurgaon Haryana-122009-(Senior therapist)
- One year work experience in SHREE AYUSH HOSPITAL & RESEARCH INSTITUTE in old Nehru Colony, Dharampur Dehradun. 1 July 2017 to 31 May 2018.

- One year Work experience in PANCHKARMA & SPA THERAPY in Five Star Hotel VIJAY INTERCONTINENTAL Tilak Nagar Kanpur 20 May 2018 to 25 june 2019
- Six month experience in premadhaar Hospital Rohini Delhi 1 july to 15 Nov 2019
- I have experienced Reception handling and Doctor prescription also comes to understand.
- I have attended medical camps and yoga-shivir arranged by my college.
- I have my patients with my Senior doctors and assist them in.
- Experience in Migraine Patients.
- Experience in Paralysis Patients.
- Experience in Joint Pain Patient.
- Experience in Frozen, Shoulder Patient
- Experience in Cervical Spondylosis Patient
- Experience in Osteoarthritis Patient
- Experience in Rheumatoid arthritis Patient
- Experience in Ankylosing, spondylitis
- Experience in Knee Joint Pain.

Key Deliverables

- Assessing mental status of patients
- Understand the treatments prescribed and perform correctly
- Using holistic techniques to help patients to get good results
- Upholding the hygiene standards
- Maintain healthy work environment
- Maintain daily record of treatments and products used
- Maintain equipments
- Maintain coordination between patients and treatments
- Attend staff meetings time to time

- 1. Shirodhara
- 2. Shiro Abhyanga
- 3. Shiro Lapam
- 4. Shiro Vasti
- 5. Nasyam
- 6. Greeva Vasti
- 7. Netra Tarpan
- 8. Abhyangam
- 9. Kati Vasti
- 10. Janu Vasti
- 11. Chakra Vast
- 12. Prshth Vasti
- 13. Baluka swed
- 14. Hirdaya Vasti
- 15. Matra Vasti
- 16. Anuvasan Vasti
- 17. Vatran Vasti
- 18. Kashaya Vasti
- 19. Lekhan Vasti
- 20. Sarvang Dhara
- 21. Udwarthanam
- 22.Patra Pinda Sweda(PPS)
- 23. Poodi kizi (SPS)
- 24. Navra kizi (SSPS)
- 25. Mansa kizi
- 26. Naranga kizhi
- 27. Talam
- 28. Takradhara
- 29. Ksheeradhara
- 30. Karan puran
- 31. Foot Reflexology
- 32. Raktamokshan
- 33. Vrachan
- 34. Vaman
- 35. Facial
- 36. Deep Tissue Massage
- 37. Thai Massage
- 38. Shiro Pichu
- 39. Shira Vedam
- 40. Bandaging
- 41. Acupressure
- 42. Agnikarma
- 43. Body Policing
- 44. MukhaLepam
- 45. Kawal
- 46. Gandus
- 47. Ekang Swed
- 48. Ekang Dhara
- 49. Sarvang Sweden

PERSONAL INFORMATION:-

- **Father's Name** : Bharat Singh
- **Date of Birth** : 01/02/1999
- **Gender** : Male
- **Marital Status** : Unmarried
- **Language** : Little English & Hindi
- **Height** : 168cm

Pre Interview Form

Date 15-04-2022

Position Applied for Panchkarma Technician

Name Manmohan Singh Date of birth 01-02-1999 Age 23

Sex Male

Marital Status Unmarried Dependents

Father/Guardian/Husband's Name Bharat Singh

Occupation of Father/Guardian/Husband

Temporary Address Jai Mata Di P.G, Near by Patel chowk, Faridabad

Contact (Ph.) Nos. Res. (Direct/PP) Office (Ph.)

Mobile : 9289345619 Email ayur.manmohansingh@gmail.com

Permanent Address Village - Tarakot P.O - Tarakot Tehsil - Chinyalisaur, Distt - Uttarkashi, Uttarakhand - 249152

Academic Qualifications :

	A. Name of School	Degree/Diploma	Year of Passing	Div./% Marks	Subjects
1.					
B. Name of Instt./College					
2	Shree Ayush Hospital & Research Ins. (Ayurvedic Panchkarma				
3	Smart Infotech Center, (Kanpur)				
4.					
C. Short term courses / Special Training					
5	Digital Marketing Course				
6.					

Hobbies / Interests : Listening music

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)

KRM Ayurveda Pvt Ltd

G-1 Karnal Road, North Delhi-110033

Name Manmohan Singh Designation Panchakarma Technician

Date Of Birth 01/02/1999 Date of Joining 20/4/2022

Present Address Jai Mata Di Pg Near By Patel Chowk Faridabad LandMark Patel chowk

Period of Stay 9/8/2021 From _____ To 19/4/22

Permanent Address Village-Tarakat, Po. off- Tarakat Tahsil- chingali Saur LandMark Ut Tarakashi

Period of Stay Birth-22y From Birth To Till. Now

Mobile Number 9289345619 Alternate Number 7800436008

Bank Account No. 1581020040318 IFSC Code PUNB0158120

Bank Name Punjab National Bank

Details of Previous Employer

Company Name Suddhi ayurveda Panchakarma Clinic Faridabad

Employee ID JS12210 Reason For Leaving Personal Issue

From (dd/mm/yy) 9/8/2021 To (dd/mm/yy) 19/4/202

Address 208, Suvam complex, Near Neelam Chyauk Faridabad Job Title Panchakarma Technician

Supervisor's Detail

Name Raghvendra sharma Title Doctor

Contact Number 8109401037 Landline No _____

Email Id (Official) _____

Date

KRM Ayurveda Pvt Ltd

G T Karnal Road, North Delhi-110033

Joining Report

Date of Joining 20/4/2022 Post Panchakarma Technician

Dept. in which posted

Pay Scale/ Salary 21,500

Full Name Manmahan Singh

Father's/ Husband Name Late Bharat Singh

Present Address (Res.) Jay Mata dd Bay Rd. Faridabad Near patel chowk Tel No

Permanent Address (Res.) Vill. Torakot, Po. at Torakot Tel No

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

Signature

Sign

Allowed Date

(Competent Authority)

Name Designation Employee No.

Pan No.

Initials (Department)

LIST OF DOCUMENTS ENCLOSED WITH THIS APPLICATION

1. Matriculation/Sr. Secondary
2. Certificate/Diploma/Degree
3. Adhar Card
4. Pan Card
5. Offer letter
6. Experience letter
7. Salary Slip/Bank Statement
8. Cancel Cheque/Passbook

To,

KRM Ayurveda Pvt Ltd
A-16, G.T. Karnal Road
New Delhi-110033

[NOMINATION FORM]

I, Mr./Ms. Manmohan Singh S/o/D/o/W/o Late Bharat Singh
Whose particulars are given in the statement below, do 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 mentioned 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 of nominee	Proportion by which the service benefits and gratuity will be shared
1. Mr. Alel Singh	Brother	20 year	
2.			
3.			

Statement

1. Name of Employee in full: MANMOHAN SINGH.
2. Employee No.:
3. Post: Therapist
4. Department/Branch/Section where employed: Panchakarma.
5. Date of Appointment:
6. Whether unmarried/married/widow/widower: Unmarried.
7. Sex: Male
8. Religion: Hindu
9. Permanent Address: Post. off. Torakat, Vill. Torakat
10. Telephone/Mobile No.: 9289345619

KRM Ayurveda Pvt Ltd

[illegible] Road [illegible]

Date: 20/4/2022

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

Paste Photograph Here

Name: Manmohan Singh

Designation: Therapist (Panchakarma Technician)

[illegible]

Date of Joining: 20/4/2022

Permanent Address: Jay Mata PG. Near Patel Chowk Faridabad. Pin Code: 121001

Contact No.: 9289934569 (Mobile)

Email ID: ayurmanmanwal@gmail.com

Blood Group: AB+

Aadhar Card No.: 366605991263

PAN Card No.: MCJPS1105B

HR Department

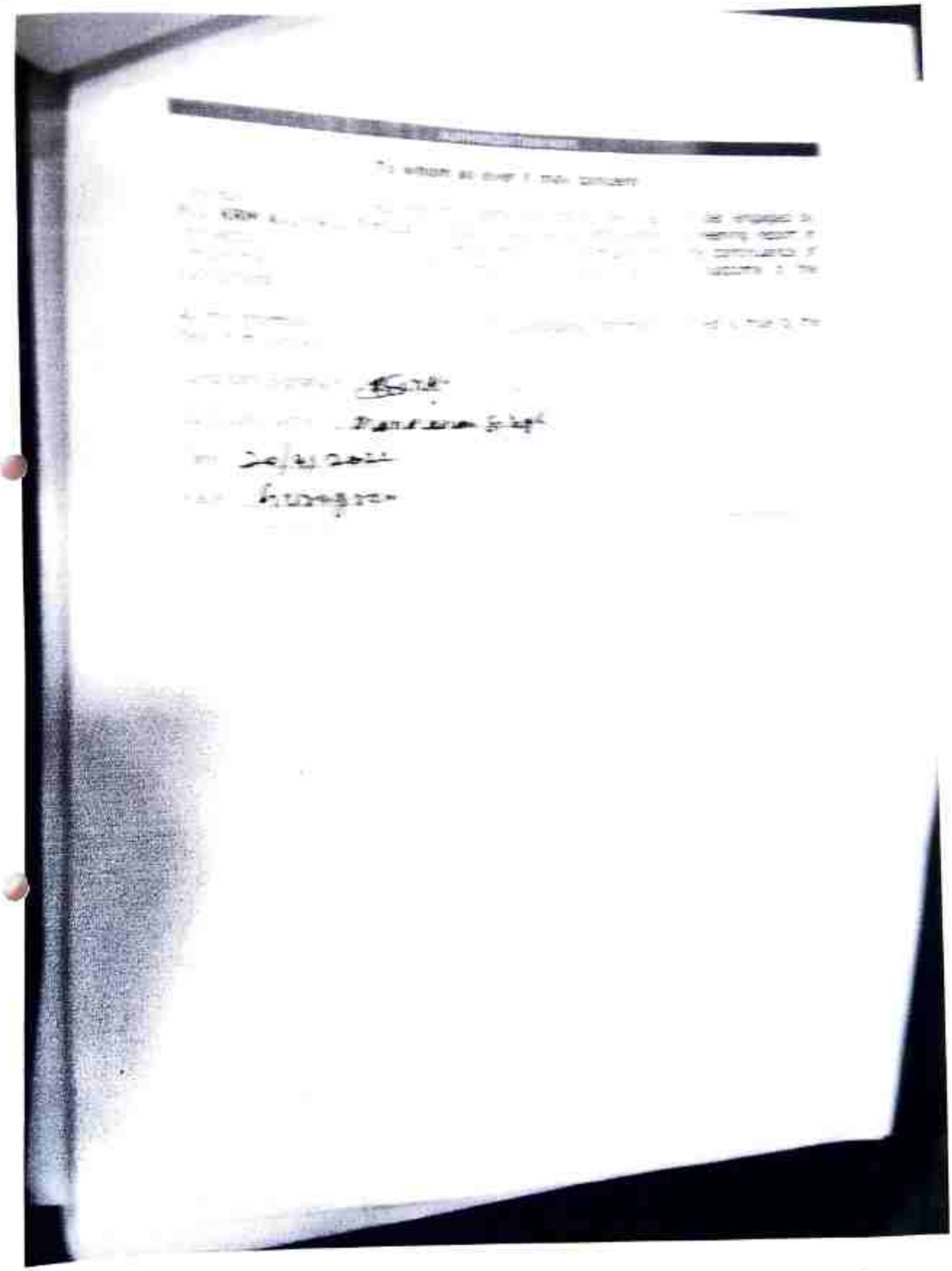
Manmohan Singh Late Bhoora Singh
Jay Mata Di Ph Patel chowk PBD
Panchakarma Tacnician

are that I have never
convicted by a court
I have any criminal
pending against me

Signature of Employee

Employee Manmohan Singh
P.K Tacnician

New Delhi



Consent Form For Opting Out

Date: 20/4/22

Declaration for Opting out of Provident Fund

Name of the Employee: Manmohan Singh

Employee ID:

Designation: P.K Tacnician (Therapist)

Date of joining: 20/4/22

Department: Panchakarma

Location: Gurugram

Dear Sir / Madam,

I (Employee name) hereby declare that I am voluntarily not willing to contribute and further I do not wish to be enrolled to join the Company Provident Fund scheme.

Kindly accept my above declaration.

Yours Sincerely,
Manmohan Singh
Post! Panchakarma Tacnician

Employee Signature

Singh

EMPLOYEES' PROVIDENT FUND ORGANISATION

(Declaration by a person taking up employment in any establishment on which he/she is employed for the first time)

2. Father's Name — Manmohan Singh
Please tick appropriate option
3. Date of Birth (DD-MM-YYYY) — Mrs Jagveer devi
4. Gender (Male/Female/Transgender) — 01/02/1999
5. Marital Status — Male
6. (a) Email ID — 4 Married.
(b) Mobile No. — Ajaymanraisal@gmail.com
7. Whether earlier a member of Employees' Pension Scheme, 1952 — 9289345619
8. Whether earlier a member of Employees' Pension Scheme, 1995

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 — 19/4/2022
d) Scheme Certificate No. (if any)
e) Pension Payment Order (PPO) No. (if any)
f) International Worker
g) If yes, date of entry in the country
h) Passport No.
i) Validity of passport (DD/MM/YYYY) to

KYC Details: (attach self attested copies of the supporting documents)

11. a) Bank Account No. & IFS Code — PUNB0168210 / 5810100402 18
b) AADHAR Number — 366059991263
c) Permanent Account Number (PAN), if available — 5810100402 18 / (MCJPS1158B)

Undertaking:

1) Certified that the particulars are true to the best of my knowledge.
2) I authorize EPFO to use my Aadhar for authentication / e-KYC purpose for the present PF Account.
3) Kindly transfer the funds and service details, if applicable, from the previous PF account as declared by me to the present PF Account.
(The transfer would be possible only if the previous employer has signed the transfer request using his Digital Signature Certificate)
4) In case of change in any of the above mentioned particulars, I will intimate the same immediately.

Date: 20/4/22
Place: Gurugram

Signature of Member

A. The attested photograph of the member — Mam Mohan Singh — 20/4/22

B. Please affix the passport size photograph of the member

- (Post attestation of UAN)
- Please tick the appropriate option

OFFER LETTER

Dear Manmohan,

We are pleased to appoint you as **Panchkarma Therapist** in KRM Ayurveda Pvt. Ltd. Effective 20th -April -2022.You will report to the Dr. Jyoti Sadasivan(Centre Incharge)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 **2,58,000CTC 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 9:00 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, remunerator, 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.

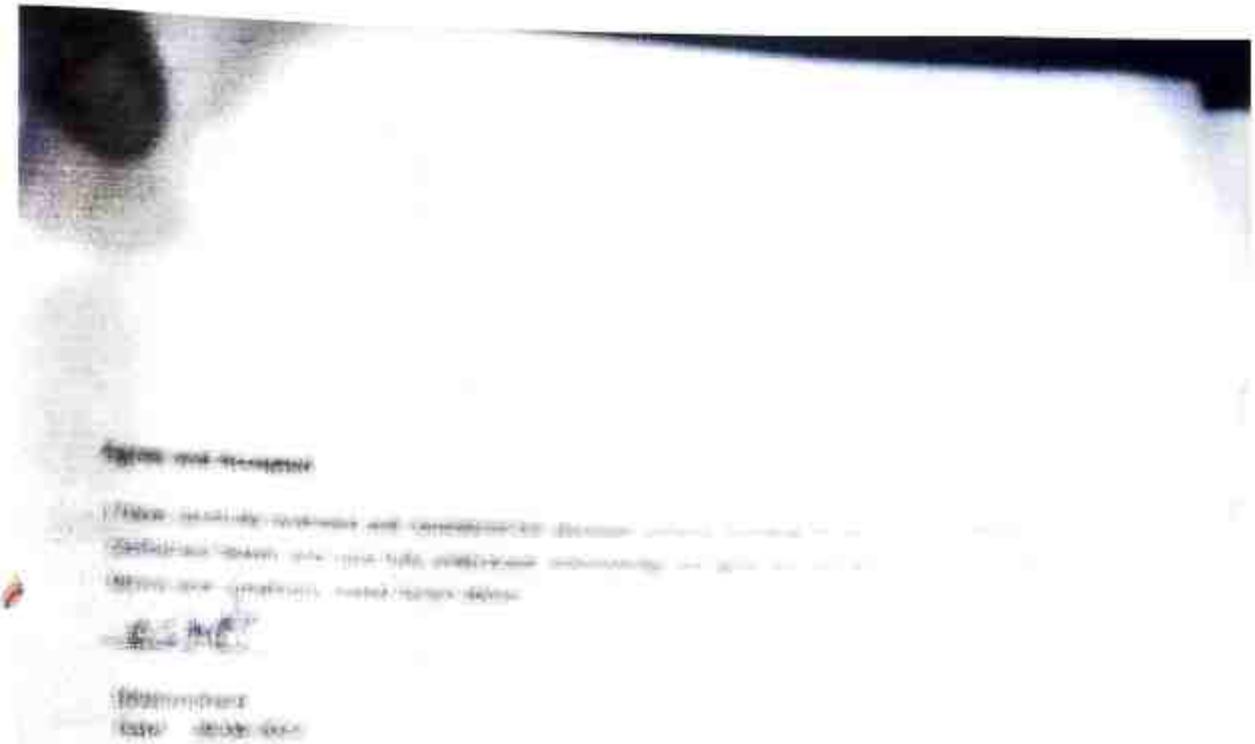
Wishing you every success in this assignment.

Yours Faithfully,

For and behalf of,

Gunjan Gulati

Gunjan Gulati 03-05-2022
(HR Head)



631041

उत्तराखण्ड विद्यालयी शिक्षा परिषद

BOARD OF SCHOOL EDUCATION UTTARAKHAND

हाई स्कूल परीक्षा 2013

HIGH SCHOOL EXAMINATION 2013

[redacted]

Roll No. [redacted]

Name of Father BHARAT SINGH

Name of Mother [redacted]

Date of Birth 1ST FEBRUARY NINETEEN HUNDRED NINETY NINE (01-02-1999)

Passed the High School Examination of the Board held in [redacted] 2013

From GOVT I.C. RINGA UTTARKASHI

In the following subjects

1 HINDI	2 ENGLISH	3 MATHEMATICS
4 SCIENCE	5 SOCIAL SCIENCE	
6 PAINTING (ANY MEDIUM)		

In SECOND Division

Marks Obtained [redacted] RESULT [redacted]

Grade [redacted]

Date of Issue 16TH MAY, 2013

0002

000913

उत्तराखण्ड विद्यालयी शिक्षा परिषद्

BOARD OF SCHOOL EDUCATION UTTARAKHAND

इण्टरमीडिएट परीक्षा - २०१७

INTERMEDIATE EXAMINATION - 2017

प्रमाणपत्र-सह-अंकपत्र (CERTIFICATE-CUM-MARKSHEET)

अनुक्रमांक Roll No	जनपद/विद्यालय कोड Distt./School Code	नियमित/प्राइवेट Regular/Private	परीक्षा प्रकार Exam Type	प्रमाणपत्र क्रमांक Certificate S.No
17702024	103/514	PRIVATE	FULL-EXAM	0304602

प्रमाणित किया जाता है कि This is to certify that

परिषद् के अभिलेखानुसार according to the Board's record **MANMOHAN SINGH**

आत्मज/आत्मजा श्रीमती Son/Daughter of Mrs. **JAYVEERI DEVI**

एवं श्री and Mr. **BHARAT SINGH**

ने वर्ष / अप्रैल २०१७ में आयोजित इण्टरमीडिएट परीक्षा विज्ञान has passed Intermediate Examination held in March/April, 2017 from School **GOVT I C CHINYALISAUR UTTARKASHI**

ने निम्न विवरणानुसार उत्तीर्ण की है with the following details :-

विषय कोड SUB CODE	विषय SUBJECT	प्राप्तांक MARKS OBTAINED					परिणाम RESULT
		सैद्धान्तिक THEORY	प्रयो PR.	योग TOTAL	योग (शब्दों में) TOTAL (IN WORDS)		
101	HINDI	063		063	SIXTY THREE	B1	248/500
103	ENGLISH	039		039	THIRTY NINE	C2	PASSED
129	PHYSICS	019	025	044	FORTY FOUR	D2	SECOND
130	CHEMISTRY	022	021	043	FORTY THREE	D2	DIVISION
131	BIOLOGY	035	024	059	FIFTY NINE	B2	

30 MAY 2017

(विनोद प्रसाद सेमवाल)
VINOD PRASAD SEMALTI
सचिव (SECRETARY)

0304602

S.No.: 3938

भारतीय चिकित्सा परिषद, उत्तराखण्ड
Bhartiya Chikitsa Parishad, Uttarakhand

Dehradun, Uttarakhand - 248001

Marksheet for the Examination

Panchkarma Sahayak(Technician)

dent Name: MANMOHAN SINGH
ollment No.: T17121001121
ission Year: 2017
lege : Shri Ayush Hospital and Research Institute,Old Nehru Colony, Dehradun

Roll No.: 31817211230
Exam Year: 2018

Subject Name	Theory	Practical	Total
Ayurved Adhisthan Siddhant(301)	77/100	-	77/100
Shartr Vigyan(302)	75/100	-	75/100
Panchkarma Parichay(303)	76/100	-	76/100
Current Total	228/300	95/100	323/400
Last Year Total	-	-	-
Grand Total	-	-	323/400

lt: PASS

te: 20-Nov-2018 **Checked By-1** **Checked By-2** **Registrar**

BOARD OF SCHOOL EDUCATION UTTARAKHAND
RAMNAGAR (NAINITAL)

S. No. 04571

DIST/SCHOOL : 103/514

MIGRATION CERTIFICATE

This is to certify that MANMOHAN SINGH
Roll No. : 7702024 Son/Daughter of Smt JAYVEERI DEVI
and Shri BHARAT SINGH has passed INTERMEDIATE
Examination in the year 2017
from the Institution GOVT I C CHINYALISAUR UTTARKASHI
as a Regular/ Private candidate

This Board has no objection in his/her joining any recognized College / Institute or taking Examination of any University or Board established by law.

Place: Ramnagar (Nainital)

Dated: 30.05.2017

(Uttar Pradesh Samiti)
Secretary

उत्तराखण्ड विद्यालयी शिक्षा परिषद

BOARD OF SCHOOL EDUCATION UTTARAKHAND

046167

HIGH SCHOOL EXAMINATION 2013

Name MANMOHAN SINGH

Roll No. 0046437

Mother's Name JAYVEERI DEVI

FULL EXAM REGULAR

परीक्षा प्रवर्ग Regulation | संस्थागत / व्यक्तिगत Regular/Private

Father's Name BHARAT SINGH

Date of Birth 1ST FEBRUARY NINETEEN HUNDRED NINETY NINE (01-02-99)

School GOVT I C JUNGA UTTARKASHI

विषय कोड SUB CODE	विषय SUBJECT	MARKS OBTAINED थियरी THEORY	प्रै / आ PR / IA	योग TOTAL	योग (शब्दों में) TOTAL (IN WORDS)	ग्रेड GRADE	परिणाम RESULT
001	HINDI	60		060	SIXTY	B1	294
021	ENGLISH	44		044	FORTY FOUR	B2	PASSED
031	MATHEMATICS	38	19	057	FIFTY SEVEN	A2	SECOND DIV
033	SCIENCE	34	14 18	066	SIXTY SIX	A1	
034	SOCIAL SCIENCE	47	20	067	SIXTY SEVEN	A1	
ADDITIONAL SUBJECT							
041	PAINTING	44		044	FORTY FOUR	C1	

Result Checked by

Date 10.7.13

Prepared & Entered by

Principal's Signature

Seal

प्रधानाचार्य

राजकीय इण्टर कालेज

जुगण, उत्तरकाशी

1094

भारतीय चिकित्सा परिषद, उत्तराखण्ड

देहरादून - 248001

पंचकर्म सहायक/टैक्नीशियन निबन्धन प्रमाण पत्र

निबन्धन संख्या : UK-T-1088 निबन्धन तिथि : **09.01.2019**

1. नाम श्री/श्रीमती/कु० **मनमोहन सिंह**
2. पिता/पति का नाम श्री भरत सिंह
3. जन्मतिथि (अंकों में) **01.02.1999**
   (शब्दों में) **एक फरवरी उन्नीस सौ निन्यानवे**
4. स्थायी पता : **ग्राम व पोस्ट तराकोट, तहसील चिन्यालीसौड़, जनपद उत्तरकाशी, उत्तराखण्ड**
5. पत्राचार का पता : **ग्राम व पोस्ट तराकोट, तहसील चिन्यालीसौड़, जनपद उत्तरकाशी, उत्तराखण्ड**
6. अर्हता : **पंचकर्म सहायक/टैक्नीशियन भारतीय चिकित्सा परिषद, उत्तराखण्ड**

प्रमाणित किया जाता है कि भारतीय चिकित्सा परिषद, उत्तराखण्ड बोर्ड ऑफ आयुर्वेदिक एण्ड यूनानी, तिब्बी सिस्टम्स ऑफ मेडिसिन, उत्तराखण्ड के पंजीकृत सहायक टैक्नीशियन पंजिका के राज्य रजिस्टर में प्रविष्ट कर लिया गया है और यह उस आलेख की 'अविकल प्रतिलिपि' है।

भारतीय चिकित्सा परिषद उत्तराखण्ड कार्यालय

(बीरेन्द्र दत्त भट्टमणी)
रजिस्ट्रार

देहरादून, दिनांक : 09.01.2019

भारत सरकार
Government of India

मनमोहन सिंह
Manmohan Singh
जन्म तिथि / DOB : 01/02/1999
पुरुष / MALE

आधार

Download Date: 01/10/2021

27

3656 0599 1263

मेरा आधार, मेरी पहचान

Branch Details

Branch Name	[illegible]
Branch Address	[illegible] CENTRE NO II
City	[illegible]
Pin	[illegible]
IFSC Code	[illegible]

Customer Details

Customer Name	[illegible]
Customer Address	[illegible] BHARAT SINGH TARAKOT UTTARKASHI UTTARAKHAND
City	UTTAR
Pin	249152

आयकर विभाग
INCOME TAX DEPARTMENT

भारत सरकार
GOVT. OF INDIA

स्थायी लेखा संख्या कार्ड
Permanent Account Number Card

MCJPS1105B

नाम / Name
MANMOHAN SINGH

पिता का नाम / Father's Name
BHARAT SINGH

जन्म की तारीख /
Date of Birth
01/02/1999

हस्ताक्षर / Signature

12082019

Mr. Manmohan Singh
VILLAGE- TARAKOT, PO-TARAKOT
Tehsil – Chinyalisor, Distt – Uttarkashi,
Uttarakhand - 249152

Dear Manmohan,

On Behalf of **Jeena Sikho Life Care Pvt. Ltd.** I am pleased to offer you the **full time employment** for the position of **Panchkarma Technician at Shuddhi Panchkarma Clinic, Shop. No. 2, Basement, Sushma Complex, Near Neelam Flyover, Sector 20-B, Ajronda Chowk, Faridabad, Haryana-121001** with a start date of 09th August **2021**. You are required to report to HR Department for your joining formalities.

Please ensure that you bring in the following documents on the first day of your Joining:

1. **Six passport size colored** photographs.
2. **Photocopy of Photo** ID & Address Proof (Aadhar Card/ Pan Card)
3. **Photocopy of education** certificates.
4. **A proof of resignation/** resignation letter/ acceptance proof from the previous employer.
5. **Experience certificate** (previous employers)
6. **Salary slips photocopy/** copy of their appointment letter (of previous company)
7. **Police Verification** Certificate

The salary details are provided in **Annexure A** attached herewith.
You will be on the probation period for **03** months or may further be extended to **06 months in case of** non-performance.

Before joining, you may/ may not be **asked to** join training, this will be **communicated to you by** the concerned Department Head. The duration of the **training will vary from** 1-10 days during the training period no leaves will be **granted; in case of** emergency approval is at the discretion of Department Head

During certification if it is found that your performance is unsatisfactory and is not meeting the standards of the organization then you will be asked to leave the organization.

Your Salary would be as per below mentioned Annexure A.

SALARY ANNEXURE A		
Components	**Monthly**	**Yearly**
Total CTC Salary	**22,000**	**264,000**

Please confirm your acceptance of this offer by signing and returning this letter. Looking forward for a long time association with us and wishing you great success with Jeena Sikho Life Care Pvt. Ltd

Sincerely,
For Jeena Sikho Life Care Pvt. Ltd.

Vandana Takkar

Date: 05-08-2021

Candidate's Signature
Date: 05-08-2021

JOB DESCRIPTION OF THERAPIST

Name: - Manmohan Singh

Job Title: PanchaKarma Therapist

- Handling daily OPD and IPD
- Examining and talking to patients to diagnose their medical condition
- Management of medical/health problems presented by patients
- Working cohesively with the team at the centre comprising nutritionists and centre manager to achieve monthly centre targets
- Supervising the administering of classical Panchakarma therapies
- History taking , diagnosis, investigation recommendations , planning herbs
- Preparation of suitable plans for the patient as per his/her condition
- Advising patient/client how to take appropriate herbs and advising lifestyle changes for management of weight and medical condition
- Patient health monitoring: Regular follow- up with patient/client to review progress and health
- Documenting and keeping record of treatment
- Participate in ongoing trainings to upgrade knowledge base and skills
- Presenting Ayurvedic products
- Assigning the daily schedules for the Therapist
- Monitoring Therapist training
- Provide instructions for discharge and any relevant paperwork
- Reporting to the Center Head and/or Medical Director
- Assistance in ongoing research projects

Ministry of Health & Family Welfare
Government of India

Certificate for COVID-19 Vaccination

Issued in India by Ministry of Health & Family Welfare, Govt. of India

Certificate ID 404115315705

Beneficiary Details

Beneficiary Name / लाभार्थी का नाम	Manmohan Singh
Age / उम्र	22
Gender / लिंग	Male
ID Verified / पहचान पत्र सत्यापित	Aadhaar # XXXXXXXXXX12
Unique Health ID (UHID)	
Beneficiary Reference ID	55522141105940
Vaccination Status / टीकाकरण की स्थिति	Partially Vaccinated (1 Dose)

Vaccination Details

Vaccine Name / वैक्सीन का नाम	COVISHIELD
Vaccine Type / टीका का प्रकार	COVID-19 vaccine, non-replicating viral vector
Manufacturer / उत्पादक	Serum Institute of India Pvt. Ltd.
Dose Number / खुराक की संख्या	1/2
Date of Dose / खुराक की तारीख	22 Dec 2021
Batch Number / बैच संख्या	4121MF032
Next Due Date / अगली नियत तिथि	Between 16 Mar 2022 and 13 Apr 2022
Vaccinated By / टीका लगाने वाले का नाम	usha
Vaccination At / टीकाकरण का स्थान	ESI 4 DISP NEAR NIT 1 MARKET, Faridabad, Haryana

"दवाई भी और कड़ाई भी।
Together, India will defeat COVID-19"
- प्रधानमंत्री नरेंद्र मोदी

In case of any adverse events, kindly contact the nearest Public Health Center/ Healthcare Worker/District Immunization Officer/State Helpline No. 1075

टीकाकरण पश्चात किसी प्रतिकूल घटना के होने पर नजदीकी स्वास्थ्य केंद्र/स्वास्थ्य कर्मी/जिला टीकाकरण अधिकारी/राज्य हेल्प लाइन 1075 पर संपर्क करें

COWIN
Winning Over COVID

This certificate can be verified by

Patient Name	: Mr.MANMOHAN KUMAR	Collected	: 08/Jul/2022 10:10AM
Age/Gender	: 26 Y 8 M 9 D /M ,DOB:- 28-Oct-1995	Received	: 08/Jul/2022 11:49AM
LAB No	: SS260994	Reported	: 08/Jul/2022 02:48PM
Mobile No	: 9999653310	Status	: Final Report
Refer Doctor	: Dr.KRM Ayurveda		:
	:		:

DEPARTMENT OF HAEMATOLOGY

Investigation Name	Result	Unit	Bio. Ref. Range	Method
HAEMOGLOBIN, WHOLE BLOOD EDTA	15.0	g/dL	13-17	SLS-Hemoglobin

Dr. Poonam Sahni
MBBS (MAMC), MD (LHMC)
Senior Consultant Patholog
DMC REG. No. - 12281

Dr. Sukhneet Kaur Isher
DNB (PATH), MBBS
Consultant Pathologist
DMC Reg. No. 83536

Dr. Savitri
MBBS(RMC), MD(SGPGI)
Consultant Microbiologist
DMC REG No. - 13514

Dr. Amita K. Gadhok
PhD (Med Biochemistry) (SMS MC)
Consultant Biochemist

Patient Name	: Mr.MANMOHAN KUMAR	Collected	: 08/Jul/2022 10:10AM
Age/Gender	: 26 Y 8 M 9 D /M ,DOB:- 28-Oct-1995	Received	: 08/Jul/2022 11:23AM
LAB No	: SS260994	Reported	: 08/Jul/2022 12:52PM
Mobile No	: 9999653310	Status	: Final Report
Refer Doctor	: Dr.KRM Ayurveda		

DEPARTMENT OF SEROLOGY

Investigation Name	Result	Unit	Bio. Ref. Range	Method
HBsAg DETECTION TEST, SERUM				
INDEX VALUE	0.187			ECLIA
RESULT	Non-Reactive			

Biological reference interval (Cut off index)

< 0.9	- Non reactive
0.9 to < 1.0	- Borderline
≥ 1.0	- Reactive

Comments :
For diagnostic purpose and in order to differentiate acute HBV infection from chronic HBV infection, the detection of HBsAg must be correlated with patient symptoms and other hepatitis B viral serological markers.
A nonreactive test result does not exclude the possibility of exposure to or infection with hepatitis B. Nonreactive test results in individuals with prior exposure to hepatitis B may be due to antigen levels below the detection limit of this assay or lack of antigen reactivity to the antibodies used in this assay.
All reactive and borderline samples must be tested by other method like neutralization, Elisa or PCR.

HIV I & II (INCLUDING P24 AG), SERUM				
ANTIBODIES TO HIV-1 VIRUS, SERUM	Non-Reactive			Immunochromatography
ANTIBODIES TO HIV-2 VIRUS, SERUM	Non-Reactive			
HIV P24 ANTIGEN, SERUM	Non-Reactive			

Comments :
1.This is only a screening test. All samples detected reactive must be confirmed by using HIV Western Blot or PCR. Therefore for a definitive diagnosis, the patient's clinical history, symptomatology as well as serological data, should be considered.
A Non reactive test result at any time does not preclude the possibility of exposure to, or infection with HIV.
2.p24 antigen shows cross reactivity to hetrophilic antibodies, RA factor etc.
3.Some samples show cross reactivity for HIV antibodies. Following factors are found to cause false positive HIV antibody test results: Naturally occurring antibodies, passive immunization, leprosy, Renal Disorders, Tuberculosis, Myco-bacterium avium, Herpis simplex, Hypergamma-globulinemia, Malignant neoplasms, Rheumatoid arthritis, Tetanus vaccination, Autoimmune diseases, Blood Transfusion, Multiple myeloma,Haemophelia, Heat treated specimens, Lipemic serum, Anti nuclear antibodies, T-cell leukocyte antigen antibodies, Epstein Barr virus, HLA antibodies and other retroviruses.

Note : Pretest & Post test counselling to be done by referring Doctor.

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SARAL DX (OPC) PVT. LTD. | CIN: U85300DL2021OPC381947 | Regd. Off. : Plot No. 2, IInd Floor, Shakti Vihar, Pitampura, New Delhi – 110034 | Tel.: 011-47 111 111 | E-mail : info@sar.al | Website: www.sar.al

Patient Name	: Mr.MANMOHAN KUMAR	Collected	: 08/Jul/2022 10:10AM
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Mobile No	: 9999653310	Status	: Final Report
Refer Doctor	: Dr.KRM Ayurveda		

DEPARTMENT OF SEROLOGY

Investigation Name	Result	Unit	Bio. Ref. Range	Method

Dr. Poonam Sahni
MBBS (MAMC), MD (LHMC)
Senior Consultant Pathologist
DMC REG. No. - 12281

Dr. Sukhneet Kaur Isher
DNB (PATH), MBBS
Consultant Pathologist
DMC Reg. No. 83536

Dr. Savitri
MBBS(RMC), MD(SGPGI)
Consultant Microbiologist
DMC REG No. - 13514

Dr. Amita K. Gadhok
PhD (Med Biochemistry) (SMS MC)
Consultant Biochemist

*** End Of Report ***

Dr. Rakash K Fotadar

Family Physician

Reg No. - DMC 33059

MBBS (GMC, Jammu)
DNB Medicine (Trained), Batra Hospital & Medical Research Centre, New Delhi
Certificate Course in Diabetes
Ex Senior Resident Batra Hospital and Medical Research Centre (BHMRC), New Delhi
(Dept. of Medicine and Intensive Care Unit)
Ex Junior Resident Safdarjung Hospital (Dept. Of Cardiology), New Delhi
Life Member of RSSDI (Research Society for the study of Diabetes in India)
Life Member of AFPI (Academy of Family Physicians of India)
Distinguished Associate Life Member of ISCCM (Indian Society of Critical Care Medicine)

Name: Mr. Manmohan

Date: 30/09/2024

Age/Sex: 26 yrs / Male

Mobile No.: 8368081996

Diagnosis: Fever Hep. B. vaccine Rx

Inj. 7.7 vaccine

Inj. Stemetil 1amp

IM stat

Inj. 7.7 1amp IM stat

+91-88102-61626
+91-83688-61103
drrakeshfotedar@gmail.com

SUBJECT REPORT DETAILS	
Client Name	KARMA AYURVEDA
Subject Name	Mr. Manmohan Singh
Date of Birth	01-02-99
Client Reference Number	KA-2150
ESS Reference Number	ESS-KA-05-2022-767
Level of Check	Standard
Report Type	Final Report
Date of Case Received	02 May' 22
Date of Report Sent	30-Jun-22
Report Status	**POSITIVE**

Legend

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

Checks	Status
Address Check	Positive
Employment Check (Last)	Positive

Address Check		
Status	**Positive**	
Verified Data	**Provided Address of the Subject**	**Address as Verified in Field**
Address	108, Adjacent Uniworld City, Silokhera Gate, Sector-41, Gurugram, Haryana. Pin-122022	108, Adjacent Uniworld City, Silokhera Gate, Sector-41, Gurugram, Haryana. Pin-122022
Period of Stay	NA	May-2022 to Till Date
Date of Verification	14-May-22	
Ownership Status	Company Residence	
Name of Respondent	Mr. Manmohan Singh	**Relationship**: Self
Contact No. of Respondent	9289345619	
Photo ID of Respondent	--	
Remarks	Subject was found to be residing at the given address since last 15 days only. The given address is a company provided residence where the Subject is residing with other employees on sharing address.	

Employment Check		
Status	**Positive**	
Verified Data	**Details as provided**	**Verified Details**
Subject Name	Mr. Manmohan Singh	Mr. Manmohan Singh
Previous Employer Name	Shuddhi Ayurveda Panchkarma Hospital	Shuddhi Ayurveda Panchkarma Hospital
Subject's Designation	Panchkarma Technician	Panchkarma Technician
Period of Employment	09-Aug-21 to 19-Apr-22	09-Aug-21 to 19-Apr-22
Verified By	Mr. Raghvendra Sharma (HOD – HR & Admin), 8109401037	
Verifier Remarks	Verification received verbally over the phone Verifier confirmed that the Subject did work in their company for the above stated tenure on the given designation for a period of 8 months. He stated that the Subject left their company due to low salary issues and he also confirmed that the Subject's performance and conduct while working with them was up to their expectations.	

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 o 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 -

PRIVILEGING FORM FOR NURSE

Name of the **NURSE**: BINDU Employee ID No: KA 1226

Designation: STAFF NURSE Dept: IPD

Based on the evaluation of credentials and request of ..... Dr Monika ..... and considering the facilities and requirements of our hospital, hereby the grant the following privileges – permission to perform the below mentioned activities independently - to him/her.

Privileging for	Requested (Mark - Y/N)	Approved (Mark - Y/N)	Deferred (Mark - Y/N)
General Privileges:	Y	Y	Y
Identification of Knowledge of patient care	Y	Y	Y
Knowledge of vulnerable patient care	Y	Y	Y
Core Privileges (Dept. Specific)			
Performing vital reporting	Y	Y	Y
PerformingDrugs knowledge	Y	Y	Y
Patient care management	Y	Y	Y
Knowledge of infection control	Y	Y	Y
Management of spread infection	Y	Y	Y
ADR knowledge	Y	Y	Y

Requested by: Dr Monika

HOD: Dr Monika

Approved by:

joining date → heading

CURRICULUM VITAE

BINDHU SEBASTIAN
Add: - E - 666
Shakur Pur
Anandvas
New Delhi – 110034
Contact No: 9891509561, 8178791792

OBJECTIVE:

With the zeal to excel and the temperament to succeed in I would like to grow along with the organization. Utilize my abilities and my confidence in the competitive world of Information and Technology for the benefits of the organization.

QUALIFICATION:-

- 10th pass from Kerala Board.
- PREE Degree.

PROFESSIONAL QUALIFICATION:-

- Two year Diploma in Nursing & Midwifery.

WORK EXPERIENCE:-

- 3 years as a Nursing Staff at Saroj Hospital & Heart Institute Rohini Delhi.
- 1 year Nursing Staff at Bajaj Eye Care Centre Delhi Chandar Lok and Worked at Tapti hospital Burhanpur Madhyapradesh. Krishna Hospital Chandar Lok Ganesh MRI Centre Rohini, Reshmi Medical Centre.
- 6 years School experience.

PERSONAL INFORMATION:-

Husband's name	:-	Mr. Sunish Kumar K.K.
Date of Birth	:-	04/07/1980
Nationality	:-	Indian
Religion	:-	Christian
Gender	:-	Female
Marital Status	:-	Married.
Languages Known	:-	Hindi, Malayalam and English
Permanent Adds	:-	Kunnappallil Poovarany P.O. Kottayam Kerala

DECLARATION:- I certify that the particulars given above by me are true to the best of my knowledge and belief.

BINDHU SEBASTIAN

Pre Interview Form

Date 13/08/2020

Position Applied for Staff nurse

Name Bindhu Sukhija

Sex Female Date of birth 4/01/1998 Age 40

Marital Status Married Dependents

Father/Guardian/Husband's Name Late Sukhpal

Occupation of Father/Guardian/Husband Doctor

Temporary Address E 5 666 JJ Colony, Shakurpur Delhi - 34

Contact (Ph.) Nos. Res 7428981001 (Direct/PP) Office (Ph.)

Mobile 9891509561 Email

Permanent Address E 5-666 JJ Colony, Shakurpur Delhi - 34

Academic Qualifications :

	A. Name of School / B. Name of Instt./College	Degree/Diploma	Year of Passing	Div /% Marks	Subjects
1.	St Josephs HS	10th	1215		
2.	St George College	PSC-Degree	1918		
3.					
4.					
	C. Short term courses / Special Training				
5.	Nursing & midwifery				
6.					

Hobbies / Interests : Reading

Skills :

Professional Extra Curricular Activities

Languages known (fluent/fair) : English Hindi Others Punjabi

Current Salary : Expected Salary

References :

Name Sister mam Designation

Company / Organisation

Address Phone (O) (R) (M)

Name Caroline Designation Nursing Supervisor

Company / Organisation Deep Hospital and Critical

Address Phone (O) (R) (M)

Notice period (if any) (months/days)

Reporting Manager's Name & Email Address	Manager's Designation	Employee Designation Held	Period of Employment	Gross Salary drawn (Monthly)	Brief description of functions and duties	Reasons for leaving
Present						
Previous						
Second Last						

Additional Comments:-

Date:- 17/08/2020

Signature:-

Karma Ayurveda

NSP, New Delhi 110085

Name: BINDHU SUNKER Designation: [illegible]

Date of Birth: 04-07-1980 Date of Joining: [illegible]

Address: E-5 - Shakkurpur J.J. Colony
Delhi - 34

Tel No.: 7238985100l Bank Account No: 13600 [illegible]

IFSC Code: FDRL0001453 Bank Name: Federal Bank

ID Card Recd: ________ Mobile No: 9971509561

Extension Upto	Date	Salary	Memo Issued If Any	Final Action Taken

Karma Ayurveda

NSP, New Delhi – 110 075

Joining Report

Letter Ref. _____ Date 24/08/2020

Date of Joining 24-8-2020 Time of Joining 10 AM

Post Staff nurse Blood Group B+ve

Dept. in which posted Nurse (OPD)

Pay Scale/ Salary 17500- P.M

Full Name Bindhu sureesh

Father's/ Husband Name Mr. Sureesh

Present Address (Res.) E-5 - Shakhurpur Delhi - 34

Tel. No. 9811509561

Permanent Address (Res.) E-5- Shakhurpur J.J Colony Delhi - 34

Tel. No. 7259591001

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

(For Official use only)

Allowed Date

(Competent Authority)

Name _____ Designation _____ Employee 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. Internship Certificate Yes/No
4. Experience Certificate

HR Department

To,

(NOMINATION FORM)

Karma Ayurveda
NDM2,NSP
New Delhi-85

I, Mr./Ms. Bindhu Suneesh S/o/D/o/W/o Suneesh
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 of nominee	Proportion by which the service benefits and gratuity will be shared.
1.			
2.			
3.			

Statement

1. Name of Employee in full: BINDHU SUNEESH
2. Employee No.:
3. Post: Nurse
4. Department/Branch/Section where employed: OPD
5. Date of Appointment: 24-08-2020
6. Whether unmarried/married/widow/widower: Married
7. Sex: Female
8. Religion: South India
9. Permanent Address: E-5 [illegible] IT College Delhi-110-37
10. Telephone Mobile No.: 9891[illegible]

Karma Ayurveda

NSP, New Delhi - 110 085

Date 24-03-2020

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

Paste Photograph Here

Name : Bindhu Suresh BINDHU SURESH

Designation : Staff STAFF NURSE

Emp. No. :

Date of Joining : 24-03-2020

Res. Address : E-4 SHAHDOLA

DELHI - 34 Pin Code 110094

Contact No.Res. 9891509513 (Mob.) 9289881001

Email ID. bindhu.suresh@yahoo.com

Blood Group B+ve

Adhar Card No. 6440 6661 3581

Pan Card No.

HR Department

Date: 29/9/2020

UNDERTAKING.

I, Bindhu S/o, D/o, W/o Suresh R/o

C-5, Slakkunpur J. Jadav, Delhi - 110019 Contact No. 7289864001

Working as Staff nurse in Karma Ayurveda, NSP, New Delhi – 110075, since 24/9/2020 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.

Signature of Employee

karma Ayurveda
NSP,
New Delhi – 110075

Name of the Employee Bindhu
Designation Staff nurse
Emp. No

KRM Ayurveda PVT LTD

Photo

Name Bindu Suneesh Designation Staff-Nurse

Date Of Birth 04-07-1980 Date Of Joining 24-08-2010

Present Address E-5, Shakurpur, J.J. Colony, Delhi 110034

LandMark

Period of Stay From To

Permanent Address Same as above

LandMark

Period of Stay From To

Mobile Number 7289881001 Alternate Number 9891509561

Bank Account No. 13600100257189 IFSC Code FDRL0001453

Bank Name Federal Bank

Details of Previous Employers: -

Company Name

Employee ID Reason For Leaving

From (dd/mm/yy) To (dd/mm/yy)

Address

Job Title

Supervisor's Details :-

Name Title

Contact Number Landline No

Email Id (Official)

KRM Ayurveda PVT LTD

Joining Report

Date of Joining: 24.08.2020 — Navsari

Dept. in which posted: CFD

Pay Scale Salary: 17000/-

Full Name: Bindu Sivaraman

Father / Husband Name: P.V. Sivaraman

Present Address (Res.): A/2, Shanti Park, [illegible]

Permanent Address (Res.): [illegible]

I have read and will abide by the rules & regulations as may be assigned [illegible]

Counsel

Competent Authority

Name: _____ Designation: _____

Fax No: _____

To,

(NOMINATION FORM)

KRM Ayurveda PVT LTD
NDM2,NSP
New Delhi-85

I, Mr./Ms. Bindu Suresh S/o/D/o/W/o Suresh
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 of nominee	Proportion by which the service benefits and gratuity will be shared
1.			
2.			
3.			

Statement

1. Name of Employee in full: Bindu Suresh
2. Employee No.:
3. Post: Nurse
4. Department/Branch/Section where employed: OPD
5. Date of Appointment: 24-08-2020
6. Whether unmarried/married/widow/widower: Married
7. Sex: Female
8. Religion: South Indian
9. Permanent Address: E-5, Shakarpur, JJ Colony, Delhi-110034
10. Telephone/Mobile No.: 9891509561

KRM Ayurveda PVT LTD

Date: 24-08-2020

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

Paste Photograph Here

Name BINDU SUNEESH

Designation NURSE

Emp. No.

Date of Joining: 24-08-2020

Res. Address E-5, SHAKKURPUR, DELHI-110034

Pin Code 110034

Contact No.Res 9891509561 (Mob.) 7289881001

Email ID. bindu.suneesh@yahoo.com

Blood Group B+ve

Adhar Card No. 644066613685

Pan Card No.

HR Department

Dt. 24-08-2021

UNDERTAKING

Bindhu Suneesh S/o, D/o, W/o Mr. Suneesh R/o J-5, Shakunpur, J.J. Colony, Delhi-110092, Contact No. 7217821001

Working as Nurse in KRM Ayurveda PVT LTD. NSP, New Delhi - 110075, since 24-8-2020 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.

Signature of Employee

KRM Ayurveda PVT LTD
NSP,
New Delhi – 110075

Name of the Employee: Bindhu Suneesh
Designation: Nurse
Emp. No.

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: _____

Candidate Name: Pinnelli Suneesh

Date: 24-08-2020

Place: _____

BANK

New Delhi / Pitampura
Delhi - 110034
IFSC FDRL0001453

SB RESIDENT ACCOUNT
Valid for 3 months only
SB METRO

या धारक को or Bearer

अदा करें।

₹

A/c No. 13600100257189

Chq.No. 51038602
SG

PAYABLE AT ALL BRANCHES OF FEDERAL BANK

SUNEESH KUMAR K K
Please sign above

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20	LCP	Local Cheque Purchased
21	OBC	Outward Bills for Collection

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Mr.:

EXERCISE YOUR NOMINATION FACILITY

ABBREVIATIONS USED IN THE PASSBOOK		
Sl No.	Abbreviation	Explanation
1	AWB	Any Where Banking
2	CHQ	Cheque
3	Coll.	Collection
4	Comm.	Commission
5	CA	Credit
6	DD	Demand Draft
7	Dr.	Debit
8	DW	Dividend Warrant
9	ECS	Electronic Clearing Service
10	FBanks	Standing Instruction
11	FCCP	Foreign Currency Cheque Purchased
12	IBC	Inward Bills for Collection
13	IBP	Inward Bills under LC
14	ICBP	Inland Cheque Bills Purchased
15	IDBP	Inland Documentary Bills Purchased
16	Inst.	Instrument
17	Int.	Interest
18	IO	Interest Out Flow
19	LDC	Local Cheque for Collection
20	LCP	Local Cheque Purchased
21	OBC	Outward Bills for Collection
22	Pd.	Paid
23	POS Ser	Point of Sale Surcharge
24	RTH	Return
25	Trans.	Transaction
26	Trf.	Transfer

PHOTO

DEPOSIT PRODUCTS
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Fixed Deposits
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Federal Savings Fund/Pie Service
Suraksha Deposit
Current Deposit Account
Privilege Current Account

Account Type
Account Number
Nominee ID

Special Instruction

ADVANCE PRODUCTS
Personal Loans
Personal Car Loans
Housing Loans
Kissan Credit Cards
Vanitha Loan
Gold Loans and many more

Authorised Signatory

For details, please contact any of our branches or visit www.federalbank.co.in

KRM AYURVEDA PVT LTD

Appointment Letter

Name: - Bindu Suneesh

Date of Joining: - 24-08-2020

Address: - E-5,Shakurpur,J.J. C olony,Delhi-110034

Dear Bindu,

We welcome you to **KRM Ayurveda Pvt Ltd** and are pleased to confirm your appointment for the position of **Infection Controller** under the following terms and conditions.

Your Annual Fixed CTC will be Rs. 20279/- P M (Twenty Thousand Two Hundred Seventy Nine Rupees only)

Further you are in the service on the following terms and conditions:

(A) Probation/Confirmation:

a. Putting employees under probation is a system to gauge the performance of new entrants, it is the preliminary step in setting the quality of performance among the team. The probation period helps both the Company and employee to assess suitability for employment.

b. For new employees taken as "probationary" the probation period will be for a period of 3 months from the date of joining.

c. At the end of the probation period, based on periodic feedback, an appraisal would be conducted. If the employee is given a satisfactory rating, he/she will be confirmed in writing. If the work is found unsatisfactory, the probation period may be extended for another period at the discretion of the Company. If the work is found poor the services may be terminated at

A-16, G.T. KARNAL ROAD, INDUSTRIAL AREA,
NORTH WEST DELHI - 110033
Website : www.krmayurveda.com
Email : hrmanagerkarmaayurveda@gmail.com
Contact : +91-9667791365

dis[illegible]n of the Company.

d. During the probationary period, employment may be terminated by us without giving any reason whatsoever, in writing, after giving a 15 days' notice.

e. During the probationary period, the employees may not be eligible for the general employee benefits such as paid leaves etc., unless otherwise mentioned in the appointment letter.

(B) Leave policy

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

a. In case if the employee needs some casual leave, he/she can submit a request in advance, at least 1 (One) day prior to the leave. In case of an emergency, the employee shall inform an hour before the shift timings through an E-mail/ text message with given reason to your reporting authority.

b. All the leave requests must be approved by the Company which reserves the right to approve or deny any requests unless otherwise such leaves are sanctioned under the applicable laws.

c. Employees are entitled to the national holidays and others included in Annexure-A. The Annexure-A to the policy will be informed in the month of January every year.

d. If any employee is found to be engaged in other employment or consulting outside of the Company during the leave, the employee may be considered to have voluntarily resigned from employment with the Company with immediate effect.

e. Employees are entitled to a total of 12 (twelve) paid leaves (1 leave per month) in a calendar year. If there is any unutilized leave/s in this category, the Employee will be paid ×0.75 of the unutilized leave/s. days paid annual leave next year in the month of February.

f. Wherever possible, one month's notice should be given for leave of one week or more.

g. If more leave has been taken than earned at the termination of employment, an appropriate deduction may be made from the final settlement amount.

h. One short leave is allowed which is for 2 hrs. of duration (Once in a month).

I. Sandwich leave policy - The non-working weekend days get added to the total leaves if an employee takes leave in the midst of two general leaves or his leaves fall near to the week off. ... Here, the employer or management can deduct leave taken by an employee for both Saturday (a working day) and Monday, Sunday will also deductible.

J. Uninformed leave deduction of 2 days salary.

A-16, G.T. KARNAL ROAD, INDUSTRIAL AREA,
NORTH WEST DELHI - 110033
Website : www.krmayurveda.com
Email : hrmanagerkarmaayurveda@gmail.com
Contact : +91-9667791365

KRM AYURVEDA PVT LTD

Annexure – A (Name of the Holidays)

New year

Republic day

Holi

Independence Day

Raksha Bandhan

Gandhi Jayanti

Dussehra

Diwali

Bhai Dhuj

Christmas

During the period of your employment with the Company, you will devote full time to the work of the Company. Further, you will not take up any other employment or assignment or any office, honorary or for any consideration, in cash or in kind or otherwise, without the prior written permission of the Company.

1. You will not (except in the normal course of the Company's business) publish any article or statement, deliver any lecture or broadcast or make any communication to the press, including magazine publication relating to the Company's products or to any matter with which the Company may be concerned, unless you have previously applied to and obtained the written permission from the Company.

2. You will be required to maintain utmost secrecy in respect of Project documents, commercial offer, design documents, Project cost & Estimation, Technology, Software packages license, Company's polices, Company's patterns & Trade Mark and Company's Human assets profile.

3. You will be required to comply with all such rules and regulations as the Company may frame from time to time.

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4. Any of our technical or other important information which might come into your possession during the continuance of your service with us shall not be disclosed, divulged or made public by you even thereafter.

5. If at any time in our opinion, which is final in this matter you are found non- performer or guilty of fraud, dishonest, disobedience, disorderly behavior, negligence, indiscipline, absence from duty without permission or any other conduct considered by us deterrent to our interest or of violation of one or more terms of this letter, your services may be terminated without notice and on account of reason of any of the acts or omission the company shall be entitled to recover the damages from you.

6. You will not accept any present, commission or any sort of gratification in cash or kind from any person, party or firm or Company having dealing with the company and if you are offered any, you should immediately report the same to the Management.

7. This appointment letter is being issued to you on the basis of the information and particulars furnished by you in your application (including bio-data), at the time of your interview and subsequent discussions. If it transpires that you have made a false statement (or have not disclosed a material fact) resulting in your being offered this appointment, the Management may take such action as it deems fit in its sole discretion, including termination of your employment.

8. You will be responsible for safekeeping and return in good condition and order of all Company property, which may be in your use, custody or charge.

(C) Confidentiality:

1. You shall be required to maintain strict confidentiality of such information and data that may come to your possession or knowledge by virtue of the engagement, use it only as may be required in the normal course of your work and shall not disclose or divulge any information or data, without prior consent of an authorized officer of the Company.

2. You shall at all times keep the details of your salary and employment benefits at the Company strictly and shall not disclose such details to any other person within the Company.

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3. You shall at all times. Whether during or the termination of your employment act with utmost fidelity and shall not disclose or divulge any such confidential information to third parties or make use of such information for your own benefit of the benefit of any third party, either during the term of your employment or thereafter.

(D) Role and Responsibilities:

Your duties and responsibilities will be explained to you after joining the organization. However, you shall execute and perform all such duties that may be assigned to you by your manager and its right to vary these at its discretion. Below are the responsibilities: -

Develop policies, guidelines and standard operating procedures (SOPs) on IPC in collaboration with other members of the HICC and the IPC team.

- Initiate and maintain activities for HAI surveillance and analyse surveillance data. • Provide trends of HAI to different patient care units.
- Advise staff on all aspects of IPC and maintain a safe environment for patients and staff.
- Liaise with microbiology department for analysis of antibiograms (data regarding organisms isolated and their resistance pattern.
- Monitor rational use of antimicrobials.
- Oversee sterilization and disinfection.
- Investigate an outbreak, and advise on control measures and isolation procedures.
- Coordinate microbiological surveillance as decided by the HICC (testing of drinking water, dialysis water, biological monitoring of sterilization, and investigation of sources and modes of transmission in outbreak situations).
- Organize and conduct regular IPC educational and training activities for HCWs.
- Audit infection control procedures, worker safety and antimicrobial usage.
- Organize regular HICC meetings.

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Contact : +91-9667791365

KRM AYURVEDA PVT LTD

We welcome you to KRM Ayurveda Pvt. Ltd. family and look forward to a fruitful collaboration.

With best wishes,
For KRM Ayurveda Pvt Ltd.

Name: Gunjan Gulati
Designation: HR Head

Please sign and return to the undersigned the duplicate copy of this letter signifying your acceptance.

(Acceptance from Employee)

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.

Signature of Employee & Date:

_____

A-16, G.T. KARNAL ROAD, INDUSTRIAL AREA,
NORTH WEST DELHI - 110033
Website : www.krmayurveda.com
Email : hrmanagerkarmaayurveda@gmail.com
Contact : +91-9667791365

New Form No. 11 – Declaration Form

(To be retained by the employer for future reference)

EMPLOYEES' PROVIDENT FUND ORGANISATION

Employees' Provident Funds Scheme, 1952 (Paragraph 34 & 57) &

Employees' Pension Scheme, 1995 (Paragraph 24)

(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	Bindhu Suneesh
2.	Father's Name ☑ Spouse's Name ☐ (Please tick whichever is applicable)	Mr. Suneesh
3.	Date of Birth: (DD / MM / YYYY)	15-01-1997
4	Gender: (Male/Female/Transgender)	Female
5	Marital Status: (Married/Unmarried/Widow/Widower/Divorcee)	Unmarried
6	(a) Email ID:	bindhu suneesh@yahoo.com
	(b) Mobile No.:	7289881001
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)	
	c) Passport No.	
	d) Validity of passport [(DD/MM/YYYY) to (DD/MM/YYYY)]	
11	**KYC Details:** (attach self attested copies of following KYCs)	
	a) Bank Account No. & IFS Code	13600100257189, FDRL0001453
	b) AADHAR Number	6440 6661 3685
	c) Permanent Account Number (PAN), if available	

UNDERTAKING

1) Certified that the particulars are true to the best of my knowledge
2) I authorize EPFO to use my Aadhar for verification/authentication/eKYC purpose for service delivery
3) 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)
4) In case of changes in above details, the same will be intimated to employer at the earliest.

Bindhu

Signature of Member

Date:
Place:

DECLARATION BY PRESENT EMPLOYER

A The member Mr./Ms./Mrs. ____ has joined on ____ with his/her previous PF Account 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 JAN database
  - Have not been uploaded
  - Have been uploaded but not approved
  - Have been uploaded and approved with DSC

In case the person was earlier a member of EPF Scheme, 1952 and EPS, 1995

- The above PF Account number/UAN of the member is mentioned
- Member ID as declared by member
- **Please Tick the Appropriate Option:-**
  - The KYC details of the above member in the UAN database
  - Transfer request has been generated on DD/M
  - As the DSC of establishment are not registered with EPFO
  - 3) for transfer of funds from his previous establishment

OFFER LETTER

Dear Bindhu Suneesh,

We are pleased to appoint you as **Nurse** in Karma Ayurveda effective 24th August 2020 You will report to the **Arjun Kumar(Opd Manager)**and whom so ever 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 **2,04,000CTC 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 9:00 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

CLINIC & COLLEGE

(Block Capitals) ...SEBASTIAN...

Register Number ...448402...

Year ...Marc...

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, remunerator, 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.

(Bindhu Suneesh)
Date: - 30-08-2020

To

Bindu

Nurse

Emp ID: KA-1226

Date of joining: 24-08-2020

This is to inform you that on september2021, you are being transferred to our PVT LTD company. i.e., KRM Ayurveda Pvt. Ltd. You are on the same Designation Nurse, Department OPD and you will be reporting to Arjun Kumar (Operations Manager).

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

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 therein above.

Bindu

(Bindu)
Date - 01-10-2021

VOCATIONAL TRAINING CENTRE

BHARAT CLINIC & COLLEGE

OF PARAMEDICAL SCIENCE

(AFFILIATED TO BHARAT SEVAK SAMAJ)

PALAI, KOTTAYAM DT.
KERALA STATE, SOUTH INDIA

CERTIFICATE OF NURSING & MIDWIFERY

Bindhu

March 2004

April 2004

Reg. No. 2638

VOCATIONAL TRAINING CENTRE

BHARAT CLINIC & COLLEGE
OF PARAMEDICAL SCIENCE

(AFFILIATED TO BHARAT SEVAK SAMAJ)

PALAI, KOTTAYAM DT.
KERALA STATE, SOUTH INDIA

BHARAT INSTITUTE OF PARAMEDICALS ESTD 1970

CERTIFICATE OF NURSING & MIDWIFERY

The Board of

certify that Miss Bindhu

Attended the Nursing & Midwifery

from March 2004 and passed in

the final examination held in April 2004

Principal

BHARAT CLINIC & COLLEGE OF PARAMEDICAL SCIENCE
ESTD 1970
PALAI - 686 575

VOCATIONAL TRAINING CENTRE

BHARAT CLINIC & COLLEGE OF PARAMEDICAL SCIENCE

(AFFILIATED TO BHARAT SEVAK SAMAJ)

PALAI, KOTTAYAM DT.,
KERALA STATE, SOUTH INDIA

BHARAT INSTITUTE OF PARAMEDICAL SCIENCE ESTD.1970

CERTIFICATE OF NURSING & MIDWIFERY

This is to certify that Mr./Miss Bindhu Sebastian

has undergone the course of training in Nursing & Midwifery from June 2002 to March 2004 and passed the Third Professional Examination held in April 2004

Principal

Secretary

BHARAT CLINIC & COLLEGE OF PARAMEDICAL SCIENCE ESTD. 1970 PALAI- 686 575

VOCATIONAL TRAINING CENTRE

2638

BHARAT

CLINIC & COLLEGE OF PARAMEDICAL SCIENCE

PALA, KERALA
SOUTH INDIA

BHARAT INSTITUTE OF PARAMEDICALS ESTD.1970

Certified that the following marks were awarded to

Miss. Bindhu Sebastian

in the final Examination of Nursing & Midwifery Course in April 2004

SUBJECT	Marks Awarded	Maximum Pass marks	Maximum Marks
FUNDAMENTALS OF NURSING	59	50	100
MIDWIFERY	91	50	100
COMMUNICABLE DISEASE	91	50	100
NURSING PART I & II	160	100	200
PRACTICAL	170	100	200
RECORDS & VIVA VOCE	164	100	200
INTERNAL ASSESSMENT	90	50	100
GRAND TOTAL	815	500	1000

She is declared to have passed in First Class

Examined by

Verified by

SECONDARY SCHOOL LEAVING CERTIFICATE EXAMINATION

Name of Candidate (Block Capitals) BINDHU SEBASTIAN

Register Number 448496 Month & Year March 1996

Subjects	Maximum	Marks at the Public Examination: For the Paper	Subject Total	Group Total: In figures	Group Total: In words	Minimum for a pass: Subject	Minimum for a pass: Group	Share Average
Group A—Languages								
FIRST LANGUAGE Part I. Mal	50	34	68			20		29
Part II. Mal	50	34			One hundred and twenty four		90	23
SECOND LANGUAGE English Paper I	50	10	32	124		20		12
Paper II	50	22						
THIRD LANGUAGE Hindi	50	24	24			10		15
Group B—Subjects: SOCIAL SCIENCES Part I—History & the Cultural Heritage of India	50	26	48			20		21
Part II—Geography Political Science & Economics	50	22		142	One hundred and forty two		120	24
SCIENCE Part I—Physics	50	14	49			10		14
Part II—Chemistry	50	14						12
Part III—Biology & Health Science	50	21	—					20
MATHEMATICS Paper I	50	22	45			20		16
Paper II	50	23						17
TOTAL	600			266	Two hundred and Sixty six			

(Marks: 480 and above First Class with Distinction; 360 to 479 First Class; 300 to 359 Second Class; 210 to 299 Third Class.)

PASSED

6

SECONDARY SCHOOL LEAVING CERTIFICATE EXAMINATION

Name of Candidate... BINDHU SEBASTIAN
(Block Capitals)

Register Number... 448496 ... Month & Year ... March 1996

Subjects	Maximum	Marks at the Public Examination: For the Paper	Subject Total	Group Total: In figures	Group Total: In words	Minimum for a pass: Subject Total	Group Total	State Average
Group A—Languages. FIRST LANGUAGE Part I Mal	50	31	65					29
Part II Mal	50	34		124	One hundred and twenty four			23
SECOND LANGUAGE English Paper I	50	10	32			20	80	12
Paper II	50	22				10		10
THIRD LANGUAGE Hindi	50	24	24					16
Group B—Subjects: SOCIAL SCIENCES Part I—History & the Cultural Heritage of India	50	26	48					21
Part II—Geography Political Science & Economics	50	22		142	One hundred and forty two	20	120	20
SCIENCE Part I—Physics	50	14	49					14
Part II—Chemistry	50	14						16
Part III—Biology & Health Science	50	21						19
MATHEMATICS Paper I	50	23	43					
Paper II	50	20						
TOTAL	600							

(Marks: 400 and above First Class with Distinction; 360 to 479 First Class
300 to 359 Second Class; 210 to 299 Third Class)

Saroj Hospital & Heart Institute

Run By : Ganesh Das Chawla Charitable Trust (R)

SH/MD/Cert./2008/07/

Date: 31st July' 2008

TO WHOM SO EVER IT MAY CONCERN

This is to certify that **Ms. Bindhu Sebastian** worked in this hospital as a **Staff Nurse** in department of **Medical and Surgical Ward** from 3rd July 2005 to 30th July 2008.

During her stay in the hospital her character and conduct was found to be **Good**.

I wish her all success in her future life.

Thanking you
For Saroj Hospital & Heart Institute

(B.M. Sharma)
Nursing Superintendent

B. M. SHARMA
Nursing Superintendent
Hospital & Heart Institute
Madhuban Chowk,
Road No. 56, Delhi-85.

Tapti
Hospital
33 Station Road, Burhanpur (M.P.) Ph. (07325) 255944 - 45
Department of Radiodiagnosis ❑ Wholebody C.T. Scan ❑ X-Ray ❑ Sonography ❑ 2-D Echo Cardiogram

CERTIFICATE

With great pleassure I Certify that " Ku. BINDHU SEBATIAN was working in Tapti Hospital Burhanpur as Nurse since July, 2004 to April, 2005. She was regular reserve but Sincere and corteous with officers colleagues and patient. She was regular and devoted to the duties.

I wish her a bright and Successful future.

Dr. M.S. JAIN
SUPERINTENDENT
Superintendent
Tapti Hospital
Burhanpur (M.P.)

DATE :- 30-04-2005

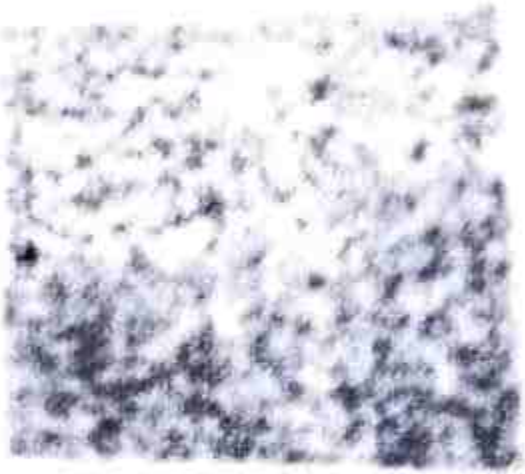

BINDU SUNEESH
Husband
Male / Female
6440 6661 3585
ആധാർ - സാധാരണക്കാരന്റെ അവകാശം

आयकर विभाग
INCOME TAX DEPARTMENT

भारत सरकार
GOVT OF INDIA

स्थायी लेखा संख्या कार्ड
Permanent Account Number Card

NMAPS8511R



नाम/ Name
BINDU SUNEESH

पिता का नाम/ Father's Name
SEBASTIAN

जन्म की तारीख/
Date of Birth
04/07/1981

हस्ताक्षर/Signature

32

Appraisal Letter

Name: Bindu
Designation:Nurse

Subject: Appraisal Letter

DearBindu

Congratulations!

We are pleased to inform you got the appraisal which is effective from 1st April2022. Consequent to this your gross compensation has been revised to Rs 17000/- which is a8%approx. increase compared to your previous salary.

We expect you to keep up your performance in the years to come and grow with the organization and all other terms and conditions of your letter of appointment remain unchanged.

We hope that you will continue to work with even greater zeal and enthusiasm.

Sincerely,

For KRM Ayurveda Pvt Ltd

Gunjan Gulati

Gunjan Gulati
HR Head

BINDU SUNEESH

Department: OPD
Job Title: Staff Nurse
Report to whom: Manager
Educational Qualifications: GNM

Assigned Designation & Primary duties / responsibilities financial settlement

1. Identifies patient care requirements by establishing personal rapport with potential and actual patients and other persons in a position to understand care requirements

2. Establishes a compassionate environment by providing emotional, psychological, and spiritual support to patients, friends, and families

3. Promotes patients independence by establishing patient care goals; teaching patient friends, and family to understand condition, medications, and self-care skills; answering questions

4. Assures quality of care by adhering to therapeutic standards, measuring health outcomes against patient care goals and standards; making or recommending necessary adjustments; following hospital and nursing divisions philosophies and standards of care set by state board of nursing.

5. Registration of patients.

6. Checking vitals.

In addition to above any other work assigned from time to time by the Competent Authorities

Ministry of Health & Family Welfare
Government of India

Certificate for COVID-19 Vaccination

Issued in India by Ministry of Health & Family Welfare, Govt. of India

Certificate ID : 3572728128

Beneficiary Details

Beneficiary Name / लाभार्थी का नाम	Bindu Suneesh
Age / उम्र	41
Gender / लिंग	Female
ID Verified / पहचान पत्र सत्यापित	Aadhaar # XXXXXXXX1685
Unique Health ID (UHID)	46-4376-9246-7109
Beneficiary Reference ID	69227064280580
Vaccination Status / टीकाकरण की स्थिति	Fully Vaccinated (2 Doses)

Vaccination Details

Vaccine Name / वैक्सीन का नाम	COVISHIELD
Vaccine Type / टीका का प्रकार	COVID-19 vaccine, non-replicating viral vector
Manufacturer / उत्पादक	Serum Institute of India Pvt. Ltd.
Dose Number / खुराक की संख्या	1/2 2/2
Date of Dose / खुराक की तारीख	29 Oct 2021 09 Apr 2022
Batch Number / बैच संख्या	4121MC107 4121Z022H1
Vaccinated By / टीका लगाने वाले का नाम	Kumod
Vaccination At / टीकाकरण का स्थान	Bhagwan Mahavir Dis s Harni Vihar Delhi
	Delhi

"दवाई भी और कड़ाई भी।
Together, India will defeat COVID-19"
- प्रधानमंत्री नरेंद्र मोदी

C WIN

Patient Name	: MS. BINDU	Collected	: 06/Jul/2022 05:02PM
Age/Gender	: 40 Y 0 M 0 D /F	Received	: 06/Jul/2022 05:19PM
LAB No	: SS260273	Reported	: 07/Jul/2022 09:44AM
Mobile No	: 7289881001	Status	: Final Report
Refer Doctor	:Dr.KRM Ayurveda		

DEPARTMENT OF HAEMATOLOGY

Investigation Name	Result	Unit	Bio. Ref. Range	Method
HAEMOGLOBIN, WHOLE BLOOD EDTA	11.0	g/dL	12-15	SLS-Hemoglobin

Dr. Poonam Sahni
MBBS (MAMC), MD (LHMC)
Senior Consultant Patholog
DMC REG. No. - 12281

Dr. Sukhneet Kaur Isher
DNB (PATH), MBBS
Consultant Pathologist
DMC Reg. No. 83536

Dr. Savitri
MBBS(RMC), MD(SGPGI)
Consultant Microbiologist
DMC REG No. - 13514

Dr. Amita K. Gadhok
PhD (Med Biochemistry) (SMS MC)
Consultant Biochemist

Patient Name	: MS. BINDU	Collected	: 06/Jul/2022 05:02PM
Age/Gender	: 40 Y 0 M 0 D /F	Received	: 06/Jul/2022 05:17PM
LAB No	: SS260273	Reported	: 07/Jul/2022 10:45AM
Mobile No	: 7289881001	Status	: Final Report
Refer Doctor	:Dr.KRM Ayurveda		

DEPARTMENT OF SEROLOGY

Investigation Name	Result	Unit	Bio. Ref. Range	Method
HBsAg DETECTION TEST, SERUM				
INDEX VALUE	0.235			ECLIA
RESULT	Non-Reactive			

Biological reference interval (Cut off index)
< 0.9 - Non reactive
0.9 to < 1.0 - Borderline
≥ 1.0 - Reactive

Comments :
For diagnostic purpose and in order to differentiate acute HBV infection from chronic HBV infection, the detection of HBsAg must be correlated with patient symptoms and other hepatitis B viral serological markers.
A nonreactive test result does not exclude the possibility of exposure to or infection with hepatitis B. Nonreactive test results in individuals with prior exposure to hepatitis B may be due to antigen levels below the detection limit of this assay or lack of antigen reactivity to the antibodies used in this assay.
All reactive and borderline samples must be tested by other method like neutralization, Elisa or PCR.

HIV I & II (INCLUDING P24 AG), SERUM				
ANTIBODIES TO HIV-1 VIRUS, SERUM	Non-Reactive			Immunochromatography
ANTIBODIES TO HIV-2 VIRUS, SERUM	Non-Reactive			
HIV P24 ANTIGEN, SERUM	Non-Reactive			

Comments :
1.This is only a screening test. All samples detected reactive must be confirmed by using HIV Western Blot or PCR. Therefore for a definitive diagnosis, the patient's clinical history, symptomatology as well as serological data, should be considered.
A Non reactive test result at any time does not preclude the possibility of exposure to, or infection with HIV.
2.p24 antigen shows cross reactivity to hetrophilic antibodies, RA factor etc.
3.Some samples show cross reactivity for HIV antibodies. Following factors are found to cause false positive HIV antibody test results: Naturally occurring antibodies, passive immunization, leprosy, Renal Disorders, Tuberculosis, Myco-bacterium avium, Herpis simplex, Hypergamuna-globulinemia, Malignant neoplasms, Rheumatoid arthritis, Tetanus vaccination, Autoimmune diseases, Blood Transfusion, Multiple myeloma,Haemophelia, Heat treated specimens, Lipemic serum, Anti nuclear antibodies, T-cell leukocyte antigen antibodies, Epstein Barr virus, HLA antibodies and other retroviruses.

Note : Pretest & Post test counselling to be done by referring Doctor.

Patient Name	: MS. BINDU	Collected	: 06/Jul/2022 05:02PM
Age/Gender	: 40 Y 0 M 0 D /F	Received	: 06/Jul/2022 05:17PM
LAB No	: SS260273	Reported	: 07/Jul/2022 10:45AM
Mobile No	: 7289881001	Status	: Final Report
Refer Doctor	:Dr.KRM Ayurveda		

DEPARTMENT OF SEROLOGY

Investigation Name	Result	Unit	Bio. Ref. Range	Method

Dr. Poonam Sahni
MBBS (MAMC), MD (LHMC)
Senior Consultant Pathologist
DMC REG. No. - 12281

Dr. Sukhneet Kaur Isher
DNB (PATH), MBBS
Consultant Pathologist
DMC Reg. No. 83556

Dr. Savitri
MBBS(RMC), MD(SGPGI)
Consultant Microbiologist
DMC REG No. - 13514

Dr. Amita K. Gadhok
PhD (Med Biochemistry) (SMS MC)
Consultant Biochemist

Dr. Rakash K Fotadar

Family Physician

Reg No. - DMC 33959

MBBS (GMC, Jammu)
DNB Medicine (Trained), Batra Hospital & Medical Research Centre, New Delhi
Certificate Course in Diabetes
Ex Senior Resident Batra Hospital and Medical Research Centre (BHMRC), New Delhi
(Dept. of Medicine and Intensive Care Unit)
Ex Junior Resident Safdarjung Hospital (Dept. Of Cardiology), New Delhi
Life Member of RSSDI (Research Society for the study of Diabetes in India)
Life Member of AFPI (Academy of Family Physicians of India)
Distinguished Associate Life Member of ISCCM (Indian Society of Critical Care Medicine)

Name: Mrs. Bindu

Date: 30/09/2022

Age/Sex: 39yr/F

Mobile No.: 8448255890

Diagnosis: for Hep. B vaccine
& inj. T.T vaccine

Rx

. Inj. BEVAC 1cp IM stat
Deltoid region

. Inj. T.T 1 amp IM stat

14/11/2022

Inj. BEVAC 1cp IM stat
(Deltoid reg.)

+91-88102-61626
+91-83688-61103
drrakeshfotedar@gmail.com

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Subject Report Details	
Client Name	KARMA AYURVEDA
Subject Name	Ms. Bindhu Sunesh
Date of Birth	07-04-80
Client Reference Number	KA-1226
ESS Reference Number	ESS-KA-09-2020-59
Level of Check	Standard
Report Type	Final Report
Date of Case Received	19 September' 20
Date of Report Sent	03-November-20
Report Status	POSITIVE

Legend

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

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

Criminal Check (Court Check)		
Status	**No Record**	
Verified Data	**Details Provided by the Subject**	**Verification Remarks**
Address	House Name: Kaniyam Parambil, Kodithottam, Proposed Post Office, Erumely, District-Kottayam, Kerala. PIN-686509	Verified
Subject Date of Birth	07-Apr-80	
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	

Annexure	Criminal Check (Court Check)
1	House Name: Kaniyam Parambil, Kodithottam, Proposed Post Office, Erumely, District-Kottayam, Kerala. PIN-686509

Neelayush LAW FIRM

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

Report

Applicant Name	Bindhu Sunesh
ARS Check Id	RGN 3604
Date of Birth	4/7/1980
Father's/Spouse Name	Suneesh Kumar
Address	House Name: Kaniyam Parambil, Kodithottam, Proposed Post Office, Erumely, District-Kottayam, Kerala. PIN-686509
Date Of Verification	9/21/2020
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/Cibil Petitions

Court	Jurisdiction	Name of Court	Results
Civil Court	Kottayam	Original Suits	No Case Found
Magistrate Court	Kottayam	Criminal Cases (CC), Private Compliant Report (PCR)	No Case Found
District & Sessions Court	Kottayam	Criminal Appeals /Civil Appeals/Cibil Appeals	No Case Found
High Court	Kerala	Criminal Appeals /Civil Appeals/Cibil Appeals	No Case Found
Supreme Court	India	Criminal Appeals /Civil Appeals/Cibil 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/Cibil cases instituted against the Subject.

Disclaimer: The search results are based on criminal cases and suit 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 Report 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 police records. Please contact your local police station for PCC/PVC.

THIS IS ONLY AN INFORMATION NOT A CERTIFICATE

Signature with Seal of Law Firm

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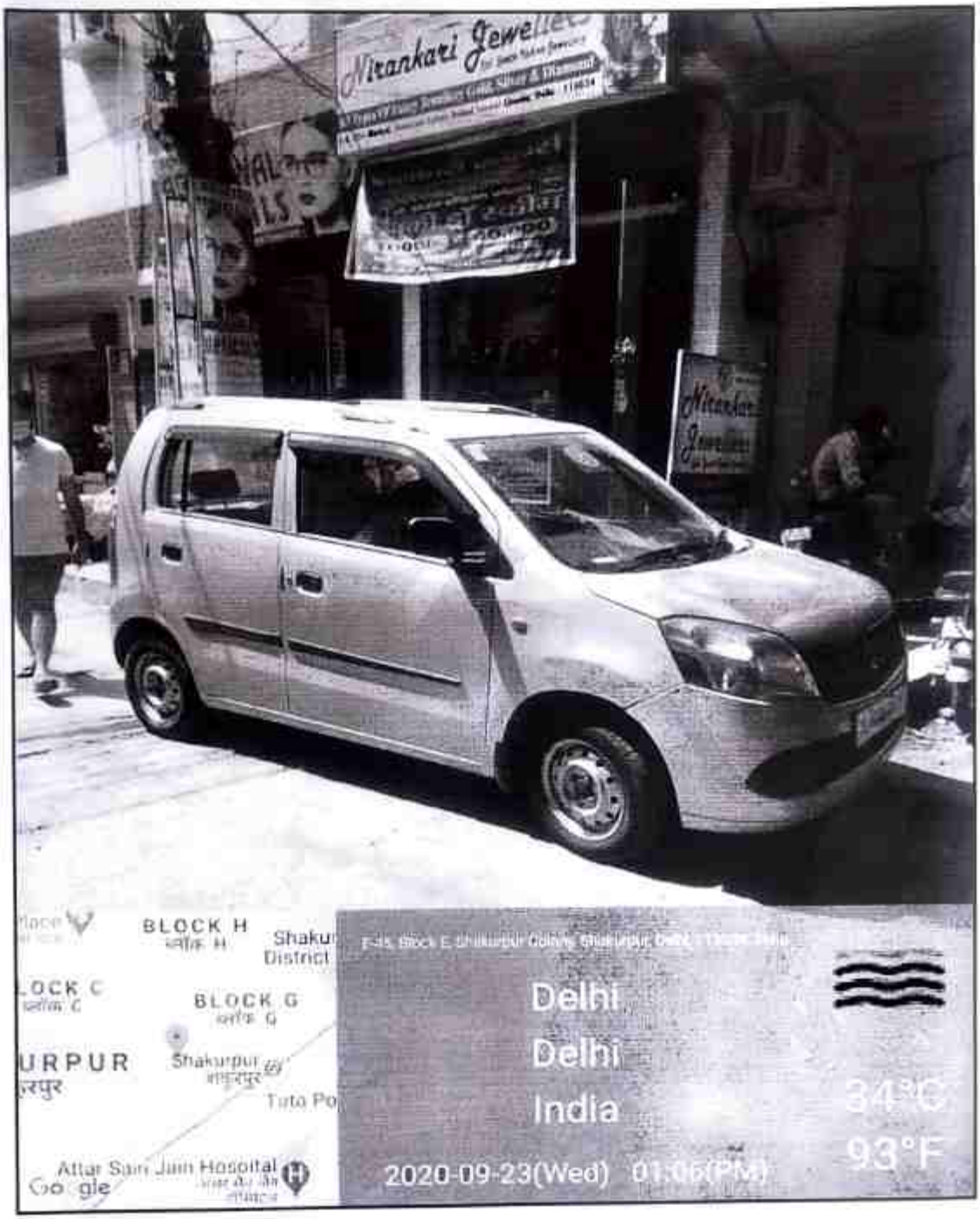
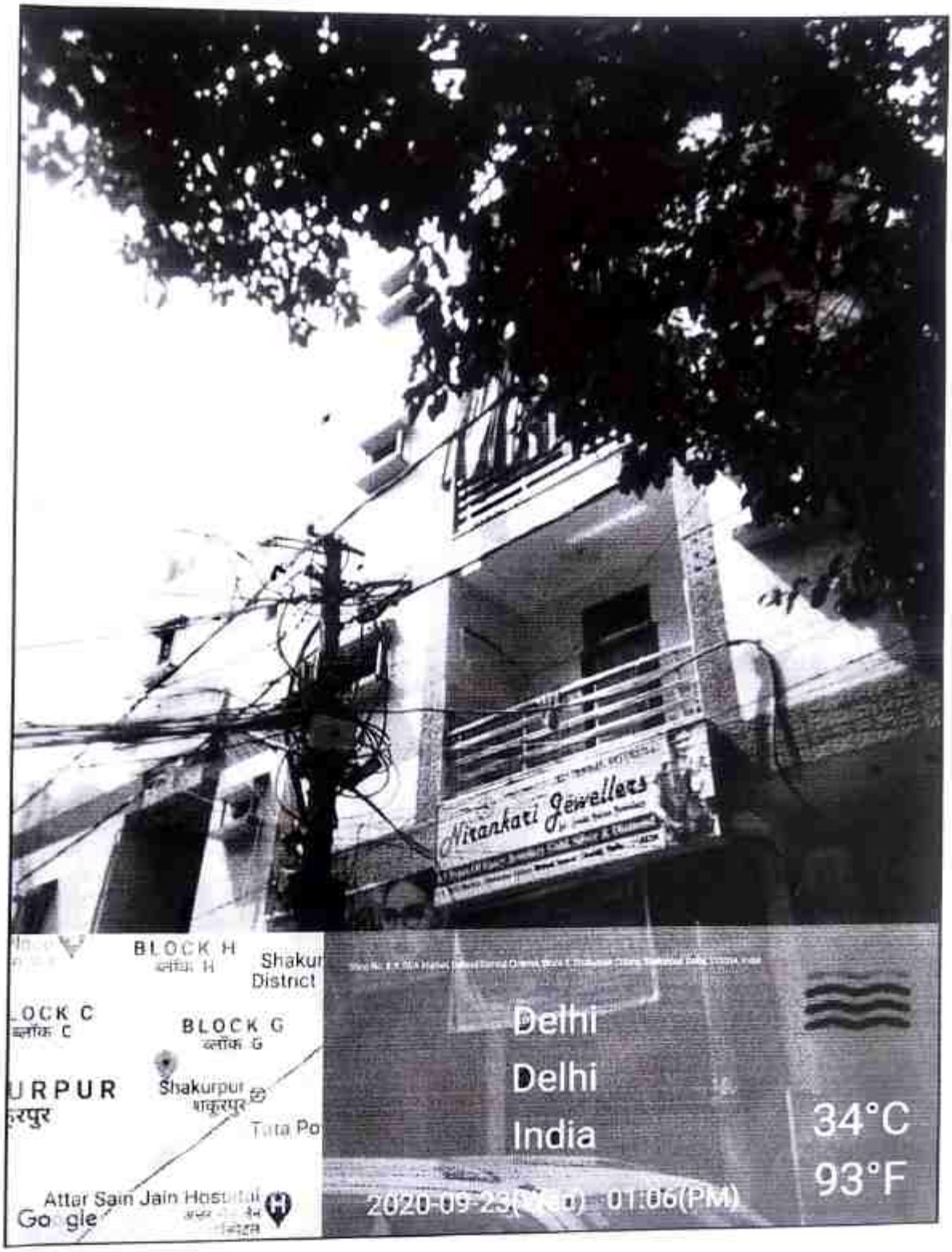
Address Check		
Status	**Positive**	
Verified Data	**Provided Address of the Subject**	**Address as Verified in Field**
Address	E-5, Shakurpur, JJ Colony, New Delhi, Delhi. PIN-110034	E-5, Shakurpur, JJ Colony, New Delhi, Delhi. PIN-110034
Period of Stay	NA	Since March' 20 Till Date
Date of Verification	23-September-20	
Ownership Status	Rented	
Name of Respondent	Mr. Suneesh Kumar	**Relationship**: Husband
Contact No. of Respondent	9891509561	
Photo ID of Respondent	Yes	
Remarks	Visit done to verify the address. The address was found to be existing in the said locality of JJ Colony in Shakurpur area. Visit at the given address revealed that the Subject is presently residing in this house. Subject's Husband was available at the given address at the time of visit. He completed the verification and confirmed that the Subject is residing at the given address since last 7 months.	
Refer Annexure	1. House/Flat No. 2. Entrance/Front View 3. Photo ID	

Annexure	Address Check (Current Address)
1	E-5, Shakurpur, JJ Colony, New Delhi, Delhi. PIN-110034



Pic 1: Entrance View



Pic 2: Front View

Pic 3: Photo ID

Employment Check		
Status	**Positive**	
Verified Data	**Details as provided**	**Verified Details**
Subject Name	Ms. Bindhu Sunesh	Ms. Bindhu Sebatian
Previous Employer Name	Litchi Knowledge Center Pvt. Ltd.	Litchi Knowledge Center Pvt. Ltd.
Subject's Designation	Staff Nurse	Staff Nurse
Period of Employment	01-Jul-12 to 31-May-18	01-Jul-12 to 31-May-18
Verified By	Mr. Bharti Vashisth (HR Executive), 9700582491	
Verifier Remarks	Verification received over the phone as well as over the email. Verifier confirmed that the Subject has worked in their organization for the stated tenure. She confirmed that the Experience Certificate provided by the Subject are genuine. He verified that Subject's conduct throughout the tenure with their organization was good and there was no such issue to highlight about the Subject.	
Refer Annexure	1. Mail Revert.	

Subject: Re: Required Employment Verification - Bindhu Sunesh.

Litchi HR <hr@litchi.co.in>

Sent: Tue, 3 Nov 2020 11:31:45 GMT+0530

To: You

Cc: "simmi@aurosociety.org" <simmi@aurosociety.org>

Dear Kislaya,

Please find below the required details.

Sr. No.	Description	Given Information	Verified Information
1	Candidate's Name	Bindhu Sunesh	Bindhu Sebatian
2	Employee Code	LC-8011	LKC61
3	Employment Period	01-Jul-12 to 31-May-18	01-Jul-12 to 31-May-18
4	Designation & Department	Staff Nurse	Staff Nurse
5	Permanent /Contractual/Trainee	Please Specify	Permanent
6	Salary Drawn	Please Specify	Rs. 207405/- Per Annum
7	Reporting Manager	Please Specify	Dr. Simmi Mahajan
8	Reason for Leaving	Please Specify	Due to some personal reason she went to her hometown
9	Performance	Please Specify	Good
10	Project details	Please Specify	Health Champs
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	Yes
15	Enclosed documents are authentic (Experience Certificate)	Yes / No	Yes
16	Verifier's Name, Designation and Contact Details	Please Specify	Bharti Vashisth (HR Executive) 9700582491

Thank You
Bharti Vashisth
HR Department

Pic 4: Emp Revert-LKCPL

On Tue, Oct 27, 2020 at 1:33 PM ESS <operations.ekdanta@rediffmail.com> wrote:

Dear Concern,

Greetings from ESSI

This is in regards to the employment verification of your ex-employee Ms. Bindhu Suresh.

Attached to the mail is the scanned soft copy of the Experience Certificate issued by your organization 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	Bindhu Suresh	
2	Employee Code	LC-9011	
3	Employment Period	01-Jul-12 to 31-May-18	
4	Designation & Department	Staff Nurse	
5	Permanent /Contractual/Trainee	Please Specify	
6	Salary Drawn	Please Specify	
7	Reporting Manager	Please Specify	
8	Reason for Leaving	Please Specify	
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	
12	Any due pending? (If pending, kindly confirm its receivable or payable)	Yes / No	
13	Employee was involved in any sort of fraud or misrepresentation? (if yes, please explain in brief)	Yes / No	
14	Eligibility for Rehire – Yes/No (If No, please explain the reason in brief):	Yes / No	
15	Enclosed documents are authentic (Experience Certificate)	Yes / No	
16	Verifier's Name, Designation and Contact Details	Please Specify	

Request you to kindly revert on this mail at the earliest.

Warm Regards,

Kislaya Singh
Proprietor
Cell: 8826135850
Ekdanta Screening Solutions
www.ekdantascreeningsolutions.com

Pic 5: Emp Revert-LKCPL

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- End of Report -