

Atra Pharmaceuticals Limited



Works : H-19, M.J.D.C., Waluj, Aurangabad - 431 133
Tel.: (0240) 6603311, 6803322, Fax.: (0240) 6603366, E-mail: works@atrapharma.com
Mumbai Office : D-402, Krishna Galaxy, Delta Mandir Road, Vakola, Santacruz (E), Mumbai - 400 055
Tel.: (022) 26680072, Fax.: (022) 26682059, E-mail: atra@vsnl.com
Head Office : Anjali Complex, Khadkeshwar, Aurangabad - 431 001.
Tel.: (0240) 6609911, 6809999, Fax.: (0240) 6609990, E-mail: atra_pharma@yahoo.co.in



Date: 24-Dec-2019

SOLANKE SUNIL VITTHALRAO
SHYAM NAGAR, NANDED.

Letter of Offer

With reference to your application and the subsequent interview you had with us at Atra Pharmaceuticals Ltd., we are pleased to extend an offer to you as Drug Safety Associate I. Your appointment will be effective from the date of joining, which shall be on or before 01-Jan-2020 failing which the appointment shall stand automatically withdrawn. Your initial place of posting will be at our facility in Aurangabad.

Your total earning opportunity for the year is 250000/- INR in which your annual fixed compensation will be 250000/- INR. The information about your reimbursement is given here. (Annexure-1)

Your onboarding will be as easy as feasible for us. You must submit the documents listed in Annexure II for our records and the background check along with a signed copy of this letter within the time frame specified below in order to guarantee the same. By accepting this letter and giving us the documents, you attest that all the information and documentation you have provided is true and accurate as of the date on which it was provided. You also agree to tell us of any changes to the information or documentation within 5 (five) days of the occurrence. Furthermore, you agree that we may use and disclose your information and papers for the purpose of conducting background checks by accepting this letter. You will be required to take a drug test as part of the Company's screening process, and by accepting this letter, you consent to the Company collecting, storing, using, and disclosing your personal data, including medical records and information, in connection with your drug test.

Your appointment is subject to a successful clearance of (i) background verification based on information furnished by you, and (ii) the drug usage test. You will initially be on probation for a period of [6 (six) months] from the actual date of your joining with us. The probationary time is automatically extended by the length of any significant absence. Furthermore, if the designated probation period does not give enough time to fully assess your performance, your probation period may be prolonged for a predetermined amount of time for a variety of reasons, such as an incomplete background check due to any factor that is attributable to you.

Your appointment is conditional on your acceptance of this letter and execution of the agreement provided to you on your day of joining, so please confirm your acceptance of our offer by signing and returning the duplicate copy of this letter for me within three (3) days of the date of receipt of this letter.

We are excited to have you as a valuable member of the team and look forward to working with you.

Authorised Signatory



Principal
Indira College of Pharmacy
Vishnugad, Nanded-46.

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Date: 24-Dec-2019

MISS SANDHYA SANJAYSINGH BUNDEL
HATTA, DIST. HINGOLI.

Letter of Offer

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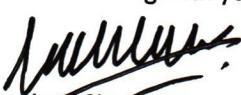
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Authorized Signatory



Principal
Indira College of Pharmacy
Vishnupuri, Nanded-444006.

**Appointment Letter**

Date: 03-JAN-2023

To,

Miss Masisha Subhash Pawale

Dear,

Based upon your application and subsequent interview, we are pleased to offer you the position for the post of **Sr Territory Manager** in **Future Mankind (Sales division of Mankind Pharma Ltd.)** on the following terms and conditions read with Mankind Code of Conduct and Policies

1. **Date of Joining** : 04-JAN-2023
2. **Designation** : Sr Territory Manager
3. **Department** : Sales
4. **HQ** : Shriramnagar (Mah)
5. **COMPENSATION STRUCTURE**: You shall be placed in the appropriate band / responsibility level of the Company and shall be entitled to compensation (salary and other applicable benefits) as specifically detailed in Annexure 1. Please note that the same is as governed by the rules of the Company on the subject, as applicable and/or amended hereafter.
6. **COMPANY RULES IN GENERAL**: You will be governed by the rules and regulation of the Company now in force and as revised from time to time.
 - a). The emoluments/benefits due to you shall be liable/ subject to tax in accordance with the provisions of the Income Tax Act and Rules made thereunder and any other legislation applicable in this regard and as may be in force from time to time.
 - b). In the matter of Provident Fund, E.S.I., Employees' Pension Scheme, Gratuity etc. you shall be governed by the Rules and regulations of the division and statutory provisions, if any, which are in force from time to time. Payment of Bonus (Including Special Bonus), is governed by Payment of Bonus Act 1965 as amended.
 - c). You shall be covered under Group Personal Accident Policy.
 - d). If at any time during the period of your employment you are found to be dishonest, disobedient, intemperate, irregular in attendance or at work or commit a breach of the terms of your employment, the Division shall not notwithstanding anything to the contrary that may be contained herein, be entitled to terminate your employment forthwith without any notice whatsoever, payment in lieu of notice and may deduct without prejudice to any of the rights and remedies which the Division may have against you from the emoluments, if any, then due to you, the amount of any loss the Division may have sustained has occurred shall be final, conclusive and binding upon you in all respects and shall not be questioned by you on any grounds whatsoever.



Future
Mankind
 (A Marketing Division)

cont... 2

FOR MANKIND PHARMA LTD.

Regd. Office: **MANKIND PHARMA LIMITED**, 208, Okhla Ind. Estate, Phase-3, New Delhi-110020
 Ph: 011-46511400 Fax: 011-46541382, E-mail: contact@mankindpharma.com, www.mankindpharma.com
 Self-Attested

Principal
 Indira College of Pharmacy
 Vishnupuri, Nanded-06.

Authorised Signatory



State Common Entrance Test Cell, Maharashtra State, Mumbai
8th Floor, New Excelsior Building, A.K.Nayak Marg, Fort, Mumbai-400001.(M.S.)
Receipt-cum-Acknowledgement of Institute Reporting for Admission to First Year Of Two Year Full Time Post-Graduate Course In Pharmacy (M. Pharm.) for the year 2018 - 2019

Application ID : MPH18102568

Mode of Admission : Non Sponsored

Personal Details

Full Name	SHINDE PUNAM KAILAS		
Nationality	Indian	Gender	Female
Date of Birth	21-09-1996	Annual Family Income (₹)	Rs. 00/- - 1,00,000
Category-Caste	OBC -Teli		
Religious Minority/Linguistic Minority	N.A		
PWD Type	N.A.		
Type of Candidature	Maharashtra State Candidate - Type A		



Pshinde

Allotment Details

All India Merit Number	3230
Allotted Choice Code	214982110
Allotted Seat Type	GOBC
Preference No.	3

Reporting Details

Institute	Sharda Bhavan Education Society's Nanded Pharmacy College, Nanded		
Tution Fees (₹)	5000/-	Course	214982110-Pharmacology
Development Fees (₹)	0/-	Admission Date	17-08-2018
Other Fees (₹)	0/-	Admission Type	CAP Round 3
Total Fees (₹)	5000/-		
Remark	Admitted		

Declaration by Candidate : I hereby agree to conform to rules, acts and laws enforced by Government. I hereby undertake that so long as I am student of College/ Institute, I will not behave in a manner which may result in compelling the authorities to take disciplinary action against me. I fully understand that the Principal/Director of the institute/college will have rights to expel, rusticate me from the institute, for any infringement of the rules prescribed by the college/institute/university/Government and the undertaking given above.

Date: 17-08-2018

Place :

Pshinde
Signature of The Candidate
 (SHINDE PUNAM KAILAS)



INSTITUTE USE ONLY

Declaration by the College/Institute : We hereby declare that, we are admitting the Candidate to our College / Institute for First Year Of Two Year Full Time Post-Graduate Course In Pharmacy (M. Pharm.) for the year 2018 - 2019 on verification of Candidate's Identity. The candidate has paid the Fees mentioned in this receipt. We also declare that the admission of Candidate is confirmed in presence of the Candidate.

Seal of Sharda Bhavan Education Society's Nanded Pharmacy College, Nanded

Signature of Institute Officer (2149)

Reported On: 17-08-2018 01:53:29 PM

Reported By: 2149

Printed On : 17-08-2018 01:53:43 PM

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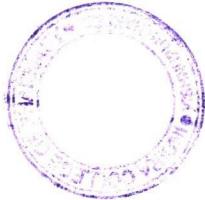
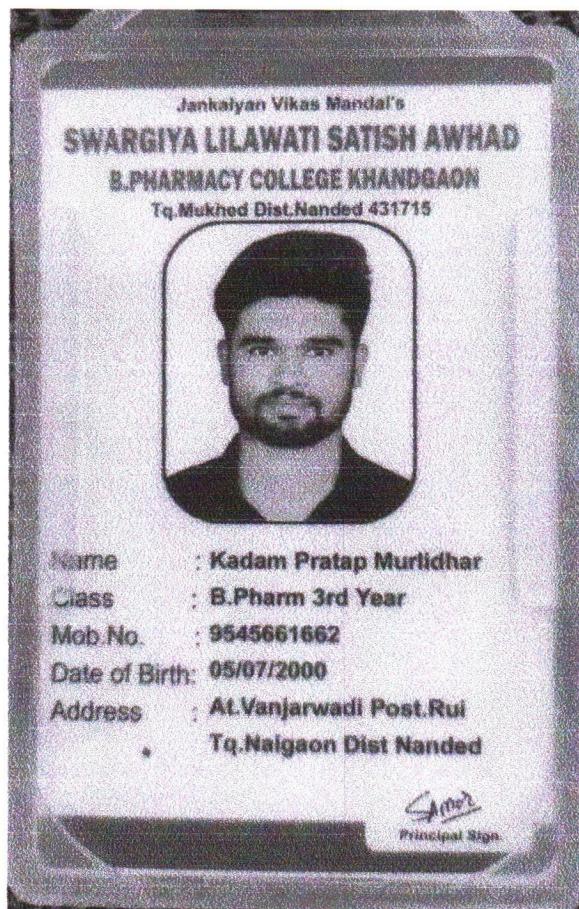
Last Modified On : 17-08-2018 01:53:29 PM

Last Modified By: 2149

PROT. (Dr. N. B. Ghiware)
 Principal
 Nanded Pharmacy College
 Nanded
 Last Modified By: 2149

Principal
 Indira College of Pharmacy
 Vishnupuri, Nanded-410 006





W _____
Principal
Indra College of Pharmacy
Vishnupuri, Nanded-46.

**GOVERNMENT OF MAHARASHTRA**

State Common Entrance Test Cell, Maharashtra State, Mumbai
8th Floor, New Excelsior Building, A.K. Nayak Marg, Fort, Mumbai-400001.
(M.S.)



Seat Acceptance Status Form for Admission to First Year Of Two Year Full Time Post-Graduate Course In Pharmacy (M. Pharmacy / Pharm. D. (Post Baccalaureate)) for the year 2020 - 2021

Application ID : MPH20102758

Version No : 1

Personal Details

Full Name	PRIYANKA MAROTRAO DAHEKAR		
Gender	Female	Date of Birth	27-05-1998
Type of Candidature	Maharashtra State Candidate - Type A		
Category	SC/ST	Admission Category	OBC - Suthaar
Linguistic Minority	N.A	Religious Minority	N.A
Person with Disability	N.A.		
EWS	N.A.		
Qualifying Exam	SSC	SSC Aggregate	90.00 %
Qualifying Exam	HSC	HSC Aggregate	81.85 %
Qualifying Exam	Bpharmacy (Passed)	Bpharmacy Aggregate	82.54%

GPAT Examination Details

GPAT Roll No	MRI802100071	GPAT Score	184
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Seat Status

All India Merit No 120

Provisional Allotment Details for CAP Round - I

Seat Allotted	1115-J.S.P Mandal's Sudhakarrao Naik Institute of Pharmacy, Pusad Dist. Yavatmal
Ward Allotted	Pharmaceutics
Police Code Allotted	111581710
Seat Type Allotted	GOPEN

Pref No Allotted 1

Seat Acceptance Details**Seat Acceptance Status:****Freeze****Confirmed****Seat Acceptance Confirmation Details:****Paid Amount** 1000/-

Declaration : I have read all the rules of admission and on understanding these rules, I have filled this Seat Acceptance form for First Year Of Two Year Full Time Post-Graduate Course In Pharmacy (M. Pharmacy / Pharm. D. (Post Baccalaureate)) for the year 2020 - 2021. The information given by me in this application is true to the best of my knowledge & belief. Further I will be subject to legal and/or penal action as per the provisions of the law.

Date: 11-01-2021

Place :

*Priyanka***Signature of Candidate**

(PRIYANKA MAROTRAO DAHEKAR)



Confirmed On: 11-01-2021 02:17:06 PM

Printed On: 11-01-2021 07:47:07 PM

Last Modified On: 11-01-2021 02:17:06 PM

Confirmed By: MPH20102758

Printed By: MPH20102758

Last Modified By:



Principal
Indra College of Pharmacy

Vishnupuri, Nanded-46

Principal
Indra College of Pharmacy
Vishnupuri, Nanded-46