

Annexure – A

Name: Mr.Soumaya Ranjan Rout

CTC Components	Proposed CTC (Rs.)	
	Monthly	Annual
A - Fixed Pay:		
Basic	9155	109860
HRA	4573	54876
Special Allowance	0	0
Education Allowance	0	0
LTA (Taxable)	0	0
LTA (Tax Free)	0	0
Total – A	13728	164736
B - Retirals:		
PF - Employer's Contribution (12.00%)	1099	13188
Gratuity (4.81% of Basic Pay)	440	5280
Total – B	1539	18468
C - As per Act:		
Bonus(As per Bonus Act)	1400	16800
Total – C	1400	16800
Total CTC (A+B+C)	16667	200004

D - Welfare Schemes :	
Group Personal Accident Policy (Employee)	Rs.5 Lacs (24 Hours + 365 Days)
Group Mediclaim (Employee, Spouse, 2 Dependent Children)	Rs 50000/-

Note :

- The above amounts are the maximum permissible limits. On joining, you may change the same to suit your need.



Annexure – B

Name: Mr. Soumaya Ranjan Rout

1. 8 Recent Passport size & 3 Stamp Size Photograph
2. Originals with a photocopy of each of your testimonials.
3. Proof of age(School Leaving Certificate)
4. Medical fitness certificate from a qualified doctor (as per enclosed format) along with applicable medical reports
5. Proof of Blood Group
6. Proof of past employment. (if applicable)
7. Proof of last salary drawn. (if applicable)
8. Proof of resignation and relieving letter your present Employer(if applicable)
9. Salary Certificate from your employer for the current financial year
10. Photocopy of PAN Card(5 copy)
11. Photocopy of ADHAR Card, Election Card, Driving License and Passport(5 copy)
12. 2 Photocopy of existing bank account Cheque Book or Pass Book
13. Reference letter duly signed by the person/s
 - a. Whose reference has been given by you in application form as per enclosed format
14. Nomination & Declaration of employees PF & Pension Scheme (Form – 2)
15. Transfer of employees Provident Fund Account (Form – 13)
16. Declaration under FPF & Family Pension Scheme (Form – 11 New)
17. Gratuity Nomination (Form – F)
18. Declaration under ESIC Scheme (Form – 1)
19. Medi claim Insurance Coverage -