



# PRASHANTI CANCER CARE MISSION

## Whistle Blower Policy

Policy Effective Date: 01/12/2024

No part of this documentation may be reproduced or transmitted in any form or by any means, electronic or mechanical, including photocopying or recording, for any purpose without express written permission of the CEO of Prashanti Cancer Care Mission

© 2024, Prashanti Cancer Care Mission. All Rights Reserved

### Revision History

Ver No.	Change Description	Prepared By	Reviewed By	Approved By	Date
01	New Policy	Mr. Aditya Kamthe, HR	Ms. Laleh Busheri, CEO	Dr. C.B. Koppiker, Managing Trustee	01/12/2024





**TABLE OF CONTENTS**

1.Objective	3
2. Scope and Applicability	3
3. Definition/Glossary	4
4. Policy/Procedure	5
4.1.Policy	5
4.2.Procedure	5
4.3.Disqualifications	6
4.4.Investigations	6
4.5.Protection	7
4.6.Investigator's Role	7
4.7.Decision	8
4.8.Amendment	8
5. Special Circumstance and Exception	8
6. Non-Compliance and Consequences	8





## 1. Objective

Prashanti Cancer Care Mission (termed as Organization henceforth), strongly preaches and follows a moral and transparent path on all its business affairs with clients, employees, government bodies, associates and partners by adopting the highest standards of professionalism, honesty, integrity and ethical behavior.

The objective of this policy is to encourage employees or well-wishers to come forward and inform the Management on whom they suspect is creating fraud or spreading misinformation or has confidential information or data that is working against the interests and progress of the organization.

## 2. Scope and Applicability

The Whistle Blower policy applies to all employees, trustees and associates through which it encourages them to inform of any observations or suspicion of any kind of wrong doings by the organization's, trustees, employees or associates, which is detrimental to its reputation and respect.

Any actual or potential violation of the Code of Conduct, however insignificant or perceived as such, would be a matter of serious concern for the Organization.





### 3. Definition / Glossary

Term / Abbreviation	Definition / Expansion
Organization	Prashanti Cancer Care Mission
Trustee	Organization Trustee Member as of 30th Nov 2024 (As per Trust Deed and latest change report)
Employees	Employees as of 30th Nov 2024
Associates	Outsourced organizations attached with Prashanti Cancer Care Mission
CEO	Chief Executive Officer as of 30th Nov 2024
Managing Trustee	Managing Trustee as of 30 <sup>th</sup> Nov 2024
Reporting Manager	Immediate reporting manager to the employee as of 30th Nov 2024, mentioned in Offer letter of employee
HR	Human Resource Manager as of 30th Nov 2024
Whistle Blower	The person(s) who notices a malpractice and informs the authority in discreet
Subject	The person(s) about whom the accusation is made
Investigator	Person(s) appointment by the Management for investigating the incident-can be internal or external
Management	CEO and Managing Trustee





## 4. Policy / Procedure

### 4.1. Policy

- All employees and trustees of the organization are encouraged to make Protected Disclosures under the Policy. 'Protected Disclosures' mean that both the disclosures and the names of the informer will be always kept strictly confidential. The disclosures may be in relation to matters concerning the organization or its associates. Any person who wishes to make such disclosures should discreetly get in touch with the Managing Trustee, CEO, Reporting Manager or HR to inform them of the incident or observations. In case the incident involves the Whistleblower's Reporting Manager himself/herself or is found to be a participant in the incident, then the employee should approach the CEO along with HR and same with other cases, the employees to report to other members where the reporting concerned personnel is himself/herself involved in the incident.
- Any proof such as documents, media, photographs, messages, chats, mails, etc. should be provided in order to substantiate the complaint.
- Whistleblowers are not required to conduct their own audits or investigate such incidents but merely lodge a complaint with appropriate personnel. The HR or Management will take the investigations forward as they deem fit.

### 4.2. Procedure

- All Protected Disclosures concerning financial/accounting matters should be addressed to the CEO of the organization for investigation. All other complaints should be registered with HR. Appropriate care must be taken to keep the identity of the Whistleblower confidential.
- Protected Disclosures should preferably be reported in writing so as to ensure a clear understanding of the issues raised and should either be typed or written in a legible handwriting in English or in the regional language of the place of employment of the Whistleblower.
- Protected Disclosures should be factual and should contain as much specific information as possible to allow for proper assessment of the nature and extent of the concern and the urgency of a preliminary investigative procedure.
- The Whistleblower may or may not disclose his/her identity in such Protected Disclosures. Anonymous disclosures will also be entertained. However, it may not be possible to interview the Whistleblowers and grant him/her protection under the policy in case of anonymous disclosures.





### 4.3. Disqualifications

- While it will be ensured that genuine Whistleblowers are accorded complete protection from any kind of unfair treatment, any abuse of this protection will warrant disciplinary action.
- Protection under this Policy would not mean protection from disciplinary action arising out of false or bogus allegations made by a Whistleblower knowing it to be false or bogus or with a mala fide intention.
- Whistleblowers who make Protected Disclosures on a regular basis which have been subsequently found to be frivolous, baseless, malicious and having malafide intention or reported otherwise than in good faith will be disqualified from reporting further Protected Disclosures under this Policy. In respect of such Whistleblowers, the Management (which includes the CEO and the Managing Trustee) would reserve its right to take/recommend appropriate disciplinary action.

### 4.4. Investigation

- The authorized/active Board of Trustees have nominated the CEO and the Managing Trustee to play the role of Audit Committee for the purpose of a vigil mechanism, to whom other Trustees and employees may report their concerns.
- The Audit Committee may at its discretion, consider involving any external investigators for the purpose of investigation.
- The decision to conduct an investigation taken by the Audit Committee is by itself not an accusation and is to be treated as a normal fact-finding process. The outcome of the investigation may not support or may not specifically align with the conclusion of the Whistleblower.
- The identity of a Subject (the alleged accused) will be kept confidential to the extent possible given the legitimate needs of law and the policies.
- Subject will normally be informed of the allegations at the outset of a formal investigation and will have opportunities for providing their inputs or defense during the investigation.
- Subject shall have a duty to co-operate with the Audit Committee or any of the internal / external investigators.
- Subject has a right to consult with a person or persons of their choice, other than the members of the Audit Committee and/or the Whistleblower. The subject shall be free at any time to engage external counsel at their own cost to represent them in the investigation proceedings.
- Subject has a responsibility not to interfere with the investigation. Evidence shall not be withheld, destroyed or tampered with and witnesses shall not be influenced, coached, threatened or intimidated by them.





- Unless there are compelling reasons not to do so, the Subject will be given the opportunity to respond to material findings contained in an investigation report. No allegation of wrongdoing against a Subject shall be considered as maintainable unless there is good evidence in support of the allegation.
- The subject has a right to be informed of the outcome of the investigation. If allegations are not sustained, the Subject should not continue to be treated with any suspicion or with any indifference.
- The investigation shall be completed normally within 45 days of the receipt of the Protected Disclosure

#### 4.5. Protection

- No unfair treatment will be meted out to a Whistleblower by virtue of his/her having reported a Protected Disclosure under this Policy. The organization, as a policy, condemns any kind of discrimination, harassment or victimization or any other unfair employment practice being adopted against Whistleblowers. The organization will take steps to minimize difficulties which the Whistleblower may experience as a result of making the Protected Disclosure. If the Whistleblower is required to give evidence in criminal or disciplinary proceedings, the organization will arrange for the Whistleblower to receive advice about the procedure, etc.
- The identity of the Whistleblower shall be kept confidential to the extent possible and permitted under law. Whistleblowers are cautioned that their identity may become known for reasons outside the control of the Audit Committee (e.g. during investigations carried out by external Investigators, etc.)
- Any other employee assisting in the said investigation shall also be protected to the same extent as the Whistleblower.

#### 4.6. Investigator's Role

- Prashanti Cancer Care Mission mandates that Investigators are required to conduct a process towards fact-finding and analysis and will exercise their authority for specific access rights to data / information / property / buildings, etc. from the Audit Committee when acting within the scope of their investigation





- Technical and other resources may be drawn upon as necessary to augment the investigation. All Investigators shall be independent and unbiased both in fact and as with perceived notions. Investigators have a duty of fairness, objectivity, thoroughness, ethical behavior and observance of legal and professional standards.
- ❖ Investigations will be launched only after a preliminary review which establishes that:
  - The alleged act constituted an improper conduct or unethical activity
  - The allegation is substantiated enough for an investigation to be conducted by a committee
  - Either the allegation is supported by information specific enough to be investigated or otherwise, matters that do not meet this standard.

#### 4.7. Decision

If an investigation is led by the Audit Committee to conclude that an improper unethical act has been committed, the Audit Committee shall recommend to the Board of Trustee and the management of the organization to take such disciplinary or corrective action as they deem fit. It is clarified that any disciplinary or corrective action initiated against the subject as a result of the findings of an investigation shall adhere to the applicable disciplinary procedures.

#### 4.8. Amendment

The organization reserves its right to amend or modify this Policy in whole or in part with permission and approval from the CEO and Managing Trustee, at any time without assigning any reason whatsoever.


### 5. Special Circumstance and Exception

Any Deviation to this policy must be approved by the CEO and HR. Any changes to the policy have to be approved by the CEO and Managing Trustee in compliance with Legal and Ethical aspect

### 6. Non-Compliance and Consequences

Violation of this policy is subject to disciplinary action as decided by the Management and Board of Trustee, which may include termination.



  
Nancy Bushi  
Abhishek