Employee name. Date:

Address

of the employee.

Dear Mr./Mrs.\_\_\_\_\_\_\_\_\_\_\_\_,

On behalf of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (company name), it is my pleasure to confirm an appointment with our organization as “\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_”. (designation)

**Compensation:** Your total CTC Rs\_\_\_\_\_\_\_\_/-  (annual CTC amount) payable in monthly instalments and will be subject to statutory and other deductions as per company policy.

**Probation Period:** there will be an initial probation period of Six months from the date of employment, which may be extended by \_\_\_\_\_\_\_\_(company name) as its discretion.

**Working Hours:** The working hours are going to be from \_\_\_\_ Am to \_\_\_\_\_\_\_PM. The company works typically Six days a week. You will be expected to work in the shift assigned to you by your supervisors. You will be required to work Six days a week and your weekly off may not necessarily be on Sunday.

**Leaves:** You will be entitled to get 15 annual leaves and 12 casual leaves every year. All leave requests must be submitted to your supervisor in writing in prior to the period of time requested.

**Place of employment:** Your initial place of employment will be \_\_\_\_\_\_\_\_ (location name). However, based on the needs of the company you may be transferred to any of the branches of the company.

**Notice Period:** You are required to provide a notice period of 90 days. Company may accept the resignation immediately or in a time period of less than 1 month to 3 months based on the priorities.

Yours truly,

 (Company Name)

Authorized Signatory. Employee Signature.