Relieving Letter

This is to confirm that you are relieved from your duties as set out below.

Company

COMPANY NAME

CIN OR REGISTRATION NO.

REGISTERED ADDRESS

Employee

EMPLOYEE NAME

EMPLOYEE ID

DATE OF JOINING

DESIGNATION

DEPARTMENT

Relieving

LAST WORKING DAY

LAST DESIGNATION

You have completed handover and exit formalities. Your confidentiality and IP obligations continue after exit. We wish you success.

Employee acknowledgement

☐ I received my relieving letter.

Signed electronically under the Information Technology Act, 2000.

Company

SIGNATURE

PRINTED NAME

DATE

Employee

SIGNATURE

PRINTED NAME

DATE