Resignation Acceptance Letter

We accept your resignation on the terms below.

Company

COMPANY NAME

CIN OR REGISTRATION NO.

REGISTERED ADDRESS

Employee

EMPLOYEE NAME

EMPLOYEE ID

DATE OF JOINING

DESIGNATION

DEPARTMENT

Acceptance

RESIGNATION RECEIVED ON

LAST WORKING DAY

NOTICE SHORTFALL

Please complete handover, return company assets and the exit checklist. Your relieving and experience letters will be issued after clearance.

Employee acknowledgement

☐ I acknowledge the acceptance and the last working day above.

Signed electronically under the Information Technology Act, 2000.

Company

SIGNATURE

PRINTED NAME

DATE

Employee

SIGNATURE

PRINTED NAME

DATE