Retrenchment Notice

We regret to inform you that your position has been made redundant and your employment will end as set out below.

Company

COMPANY NAME

CIN OR REGISTRATION NO.

REGISTERED ADDRESS

Employee

EMPLOYEE NAME

EMPLOYEE ID

DATE OF JOINING

DESIGNATION

DEPARTMENT

Retrenchment

NOTICE DATE

LAST WORKING DAY

COMPLETED YEARS OF SERVICE

NOTICE PAY (₹)

RETRENCHMENT COMPENSATION (₹)

OTHER DUES (₹)

Retrenchment follows the last-in, first-out principle within your category unless reasons are recorded. Where the law requires, prior notice or permission from the appropriate government has been obtained.

Employee acknowledgement

☐ I received this notice and the settlement figures above.

Signed electronically under the Information Technology Act, 2000.

Company

SIGNATURE

PRINTED NAME

DATE

Employee

SIGNATURE

PRINTED NAME

DATE