|  |  |
| --- | --- |
| **MR. No.** |  |
| **Name of Employee** |  |
| **Father’s Name** |  |
| **Designation** |  |
| **Employee Status** | **Civil / Institutional / MTI-Employee** |
| **Date of Joining HMC** |  |
| **Reason for Resignation:** |  |
| **Date of Resignation:** |  |
| **Signature** |  |

|  |
| --- |
| **FOR OFFICIAL USE ONLY** |
| **(In case of Serving Notice Period)If employee serving Notice Period (30 days):** | **Start \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****Last day\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **(In case of NOT Serving Notice Period)****Employee’s Salary:** |  |
| **The employee concerned has deposited Rs.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_for not serving the notice period in HMC reserve fund Account #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ in Challan / Deposit slip number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_dated \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (original deposit slip) attached.** |
| **Remarks of HOD** |  |
| **Signature** |  |
| **Remarks of Manager HR/Superintendent HR** |  |
| **Signature** |  |
| **Remarks of HD / MD** |  |
| **Signature** |  |