

FORM - X

APPOINTMENT LETTER

(Prescribed Under Rule 53 of the West Bengal Shops & Establishments Rules, 1964)

Name of the Shop / Establishment _____

Address _____

Name of the shop keeper / employer _____

Registration No. _____

(1) Shri/Smt _____

is appointed as (described here the nature of appointment) _____

_____ in this shop/establishment

with effect from _____

(2) His/her appointment is on probationary basis for _____

(insert the period/temporary/casual basis for insert the period) _____

_____ permanent basis.

(3) His/her Scale of pay/rate of increment in wages per _____

_____ (insert the period) shall be

(4) He/She will draw total wages of _____ per

day/week/month composed of the following namely :-

(i) Basic pay of _____

(ii) Dearness allowance _____

(iii) Other allowances _____

Signature of shop-keeper/employer

Date _____

Note : Strike out the words which are not applicable.

The Government of West Bengal has allowed the Employer/shop keeper to substitute its own appointment letter which substantially contain the particulars specified in form X and if prior approval is taken from the State Government.

FULL & FINAL SETTLEMENT LETTER

Date: _____

Employee Name: _____ **Employee ID:** _____

Designation: _____ **Last Working Day:** _____

This is to certify that the Full and Final settlement of the above employee has been processed upon cessation of employment. The settlement details are as under:

Particulars	Amount (Rs.)
Salary/Wages up to last working day	
Leave Encashment	
Bonus / Incentives	
Gratuity (if applicable)	
Other Earnings	
Total Earnings	
Less: Deductions (Advance / Notice Pay / Others)	
Net Amount Payable	

The above amount has been paid / will be paid through Cash / Cheque / Bank Transfer. Upon receipt of the above amount, the employee shall have no further claim against the establishment.

For the Establishment

Authorized Signatory: _____

Employer Name: _____

Employee Acknowledgement

I hereby acknowledge receipt of the above Full & Final settlement amount and confirm that I have no further claim against the establishment.

Employee Signature: _____ Date: _____