

THE INSTITUTE OF CHARTERED ACCOUNTANTS OF INDIA, NEW DELHI

FORM OF DECLARATION TO BE MADE BY

EMPLOYEES AT THE TIME OF PROMOTION

In terms of the letter No. _____ dated _____, I
_____, have assumed duty as
_____ from today i.e. _____ (FN / AN).

Signature: _____

Date: _____

Emp. Code : _____

Full name : _____

Designation : _____

Department : _____

Phone no. : _____ Mobile no. : _____

Address for communication :

THE INSTITUTE OF CHARTERED ACCOUNTANTS OF INDIA, NEW DELHI

FORM OF DECLARATION TO BE MADE BY

STAFF AT THE TIME OF CONFIRMATION

The services of the undersigned having been confirmed in the post of _____ of the Institute of Chartered Accountants of India with effect from _____, I do hereby undertake to give one month's clear notice in advance to the Institute, in the event of my intending to resign from the services of the Institute at any future date.

Signature: _____

Date: _____

Emp. Code : _____

Full name : _____

Designation : _____

Department : _____

Phone no. : _____ Mobile no. : _____

Phone no. : _____

Address for communication : _____

THE INSTITUTE OF CHARTERED ACCOUNTANTS OF INDIA

FORM OF OPTION – On Promotion

Date: _____

I _____ have been promoted as _____ on _____..

I hereby give option to fix the pay on promotion, after getting annual increment in the month
July _____.

The pay on promotion may be fixed accordingly.

Signature : _____

Name : _____

Designation : _____

Employee Code : _____

Department : _____

Mobile and e-mail id : _____

Date :

Location :