

Annexure - Agreement to work in Night Shift

Date: 29/8/2019

Name of Employee: Abhishek Mohit Sahani

Designation: Senior Analyst

Program: C 1

I, Abhishek agree to work in C 1 program as per the following conditions:

- I. To the best of my knowledge, I do not have any physical disability or suffer from any illness that would interfere with or prevent me from working in the Night shift, except as follows:
 - a. (please mention "None" if "None") - None
- II. I do not have any personal circumstances that would interfere with or prevent me from working in the Night shift, except as follows:
 - a. (Please mention "None" if "None") - None
- ✓ III. I am willing to work in the Night shifts.
- ✓ IV. I understand that I would be entitled to Night Shift Allowance as applicable for working in the Night shift.
- ✓ V. I understand that my employment with the Employer is conditional upon my acceptance of a Night shift assignment.
- ✓ VI. I understand my tenure of service in Night Shift will be as per the Organizational requirements.
- ✓ VII. I understand that the Night shift is any 9 hours shift between 6p.m. to 6 am and Day shift is any 9 hours shift between 6 am. To 11 pm.
- ✓ VIII. I understand that the Organization reserves the right to transfer me from Night Shift to Day Shift. In such a scenario, once transferred to Day shift, I will not be eligible for Night Shift Allowance.

Employee Signature

Signature



Full Name

Abhishek Sahani