

Employee

NETCRACKER TECHNOLOGY SOLUTIONS (INDIA) PVT LTD

EXIT CLEARANCE FORM

[PRINTBOTH SIDES, SAVEPAPER]

Name	:Vignesh Arvin Govindharaj	ERP ID		: VIGO	0621			
Contact Phone No.	: 9600914154	Personal email ID (BLOG	CK letters)	ARVIN.VIGNI	ESH@GMAIL.COM			
Designation	: Software Engineer	Unit/Department			Management ingalore.Group4			
Date of Joining	:June 17, 2021	Date of Submitting Resig	nation	: Nov 03,	2021			
Postal Address	: (This address will be used for all communication regarding Form 16 and Clearance Certificates) 3/396, Endapatti(Village), SugarMill(Post), Palacode(Tk), Dharmapuri(Dt), TamilNadu(Sate). PIN: 636808							
			ignature Vignesh Arvin -2021					
Reporting Manager								
Currently on a project:			Yes 🗸	No				
If a knowledge transfer is required, whom do you nominate? Name No replacement Designation resource allocated								
Handing over the project software and documents completed?			Yes 🗸	No				
Handing over of Hardware (e.g., laptop/desktop, headsets, etc.) completed?			Yes	No 🗸				
Mobile Phone / Accessories handed over			Yes	No 🗌	N/A			
ERP details updated till last working day and approved?			Yes	No 🗸				
Completed delivery of appraisal to reportees? Yes			Yes	No 🗌	N/A			
Control M access to be taken off (Applicable to APS employees only) Y			Yes	No 🗌	N/A			
Employee's Last Working Day: 31 / 12 / 2021 (DD/MM/YYYY)								
Notice Period shortfall to be deducted			Yes	No 🗸				
If yes, number of days to be deducted			NA					
	Reporting Manager Name and Signature							
Date:								



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Yes No Yes No No N/A Yes No No N/A
Admin Manager Name and Signature Date:
Login IDs and VoIP extension
Yes No N/A
Yes No N/A
Yes No N/A
Yes No No N/A
d? Yes No No N/A
IT Clearance – Name and Signature Date:
Finance Manager Name & Signature Date:



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•	Exit Interview completed		Yes	No	
•	Overseas Training Agreement signed		Yes	No 🔽	
	If yes, dues recoverable due to non-completion of 12 months period:	NA	1		
•	Training/ Service agreement signed		Yes	No 🗸	
	If yes, dues recoverable due to non-completion of 24 months period:	NA	\		
•	Professional development assistance agreement signed		Yes	No 🗸	
	If yes, dues recoverable due to non-completion of 12 months period:	NA	<u> </u>		
	Leave Balance:				
	PTO: <u>NA</u> SL: <u>NA</u>				
		HR Manager Name & Signature			
			ate:	\mathcal{E}	