

Date: 03.03.2024

To,

Name : Farhad Hossain
Employee ID : MHL08C8713015
Designation : SQA Intern
Date of Joining : 4.12.2023
Date of Increment :

Subject : Application for lunch

Dear Sir/Madam,

I have the honor to inform you that I would like to agree lunch at office accepting the conditions.

I will be very much thankful if you accept the matter. It will be very much helpful for me.

Terms & Conditions: -

- ✓ Please inform the authority within 8:30 AM to 9:00 AM, if you don't participate lunch at office due to any issues.
- ✓ Have to pay meal advance after the days of notice.

Thanking you,

____Farhad Hossain____
Employee Name: -Farhad Hossain
Cell: -01857441605