



# LeelijaWeb Solutions Pvt.Ltd.

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## Subject: Letter of Appointment

Date 20/09/2024

- Name of The Employee: Susmita Ghosh.
- Address: Vill+PO: Talbona, PS: Pandua, Dist: Hoogly, West Bengal, 712134

Dear Susmita Ghosh,

### **Appointment as: Backend Developer**

We refer to your recent discussions for the above position and are pleased to advise that we are offering you the position with our Company effective from 01/10/2024 under the following terms and conditions:

#### **☞ SALARY**

Your salary will commence at Rs12,000 per month.

**☞ PROBATIONARY PERIOD:** your appointment will be subject to a probationary period of 3 months, during which no leave will be granted except in cases of medical emergency (with valid supporting document) or as mandated by law.

#### **☞ WORKING HOURS :**

Your working hours will be as follows:

Monday- Friday : 10 AM – 6.30 PM

Saturday : 10 AM – 2 PM

Lunch Break : 1.30 PM – 2 PM

At times, you may be required to work irregular hours, including Sunday. Appropriate time off will be considered for work performed outside normal operational hours.

#### **☞ LEAVE OF ABSENCE**

Leave of absence whether medical or annual will be given in accordance with the Company's Employee Handbook. Application on prescribed form for leave must be made one week in advance.

#### **☞ BONUS:**

Bonus is dependent upon the Company's profitability and your performance.

#### **☞ CONFIDENTIALITY**

You shall not at any time during or after your employment term with the Company reveal any of the affairs or secrets of the Company to any other person(s) nor use or attempt to use any information which you may acquire in the course of your employment in any manner which may injure or cause loss to the Company.

 **RESIGNATION/TERMINATION**

*The Company shall be at liberty at any time by notice in writing summarily terminate the service of the employee if:-*

- a) *She/he is guilty of misconduct;*
- b) *She/he is negligent in the discharge of her/his duties; or*
- c) *Being absent or being unable to perform her/his duties and alleging ill-health as the cause thereof, she/he shall refuse to practitioner nominated by the company to examine her/him or shall fail to give to such medical practitioner the information necessary to report upon her/his state of health.*

*If you are agreeable to the above terms and conditions of the appointment, kindly confirm your acceptance by signing and returning the duplicate copy of this letter for our file and records.*

**Sincerely**

Director

Signature: *Safikul Islam*

**Leelija Web Solutions Pvt. Ltd.**

*I agree to the appointment and accept the above terms and conditions of service.*

Name:

Signature: \_\_\_\_\_

Date : \_\_\_\_/\_\_\_\_/\_\_\_\_