

Agreement Form to accept night work

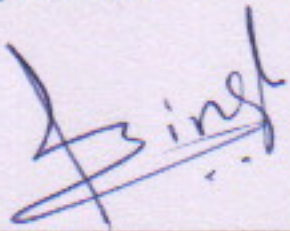
This AGREEMENT is made the 3rd day of May year 2021

A second shift is or may be required to meet our present or future needs. All new employees are hired on the understanding that they are able and willing to work night shifts.

Please answer the following:

	Yes	No
Do you have any physical disability that would prevent you from working night shifts?		✓
Do you know of any personal reasons that would interfere with your working night shifts		✓
Are you willing to work night shifts?	✓	

I understand that any employment is conditional upon my acceptance of a night assignment if required.



Signature

03/05/2021

Date

Witness

In case of emergency notify:

1	Name	Dhananjay Singh	Contact Number	9762266021
	Address	MUMBAI	Relationship	Brother
2	Name	Jayprakash Singh	Contact Number	9004266206
	Address	MUMBAI	Relationship	Father

Note: there are certain obligations that employers must comply with under the Shops & Establishment Act, 1951 when engaging night workers.