	Hospital Name:		Document No:	QUXAT/H/F/91
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APPOINTMENT LETTER

Date of Appointment Letter:

Name of the Employee:

Employee ID:

With reference to your application to our organization regarding the above-mentioned position for appointment. On successful completion of the relevant proficiency tests, medical tests and interviews during our recruitment process. We are pleased to inform you that you are selected for the post of (Designation) _____ in the Department of (Name of the Department) _____ in our organization.


The following are the terms and condition of your appointment/engagement of your services.

1. You will be appointed as (Designation) _____ with effect from (Date) _____
2. The probation period will be for _____ months/years. However, after completion of the said period, it can be extended at the discretion of the management for a further period of _____ months
3. You will be entitled for a salary of Rs. _____ per month during your probation period
4. After successful completion of the probation period, if you are found to be suitable by the management. Your appointment/engagement of services will be confirmed.
5. If you are not found suitable for the post, your services will be terminated, and you will have no right/claim with regards to the employment with our organization
6. You shall abide by the terms and conditions of the standing orders of the organization

We look forward to work with you and we hope that this employment will be mutually beneficial.

Please submit the signed copy of this letter as an acceptance to the terms and conditions of employment/engagement of your services with our organization.

Prepared by:	Issued by:	Reviewed by:	Approved by:	Amend Date:	Copy No:	Issue No:
Quality Manager	NABH Coordinator	Medical Superintendent	Medical Director	Amendment No:		Issue Date:

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We hope you will enjoy your work at our organization and we hope this employment will help you in scaling new heights in your career.

Best Regards,

HR Manager Signature:

I acknowledge receipt of the copy of the document.

Employee Name:

Signature:

Signature of Authorized Signatory

(Stamp)

Note: Appointment/Engagement of Services form is documented to formalizing the services offered by a professional/employee to the organisation based on a contract/ term of employment. Appointment/Engagement of Services should be documented for all employees/consultants providing their services to the organisation.

Date:

Prepared by:	Issued by:	Reviewed by:	Approved by:	Amend Date:	Copy No:	Issue No:
Quality Manager	NABH Coordinator	Medical Superintendent	Medical Director	Amendment No:		Issue Date: