

ANNEXURE 23

Visiting Card Requisition Form			
Name		Employee Code	
E-mail id		Contact No.	
Department		Work Location	
Designation		Number of Cards (in multiple of 100)	
Name of HOD		HOD EC No.	
Signature of Employee	Signature of HOD		Signature of HR

Annexure 27

LEAVE APPLICATION FORM

EC No. :		NAME :		DESIGNATION :	
FUNCTION		REPORTING MANAGER (Sanctioning Authority)		LOCATION	
TYPE OF LEAVE		PERIOD		TOTAL DAYS ON LEAVE	LEAVES AVAILABLE
C.L	M.C.L.				LEAVES DUE
		FROM	TO		
M.L	Comp Off			ADDRESS WHILE ON LEAVE/CONTACT TELEPHONE NO.	PERSON RESPONSIBLE IN ABSENCE
REASON For LEAVE					

HR Department

Recommended by

Sanctioned by

UNDERTAKING

I undertake that if I overstay on expiry of the sanctioned leave, I shall be marked as absent in my attendance register and if I want to extend my leave, I shall intimate to HR department in due time and in the event of my illness, I shall submit Medical Certificate from the appropriate Medical authority.

Signature of Applicant

ANNEXURE 28

Outdoor Duty / Attendance Regularisation Form

EC No. :		NAME :			DESIGNATION :	
FUNCTION		REPORTING MANAGER (Sanctioning Authority)			LOCATION	
TYPE OF LEAVE		PERIOD			REASON FOR OUTDOOR DUTY	
Attendance Regularisation	Outdoor Duty.	DATE	TIME IN	TIME OUT		
REASON FOR LATE COMING / EARLY LEAVING						

HR Department

Recommended by

Sanctioned by

Signature of Applicant

Remarks: _____

Date-_____

Signature of HR Department

ANNEXURE 24

IT Requirement Form			
Name		Employee Code No.	
Department		Work Location	
Name of HOD		HOD EC No.	
IT Requirement	Data Card ☐ Desktop Computer ☐ Laptop ☐ Printer ☐ Blackberry ☐		
Telephone	STD ☐	Local ☐	Intercom ☐
Signature of Employee	Signature of HOD	Signature of HR	Signature of EDP

ANNEXURE 25

Appraisal Before Confirmation (ABC Form)

Date :

To : Appraiser

Sub : Appraisal Before Confirmation

Dear Sir,

Mr. Employee Name (EC Number) had joined Mantri Developers Pvt. Ltd in **Department** as **Designation** on __/__/__. He has completed his probation period of 6 months and is due for confirmation effective __/__/__.

The process for the ABC is as follows:

1. HR dept forwards the ABC form of the employee to be confirmed, to the reporting manager
2. The reporting manager then calls the employee and asks him/her to do self appraisal
3. Thereafter the reporting manager does the appraisal and discusses with the employee
4. Once the ratings are mutually agreed, the form is sent to HR for necessary action

Thanks & Regards

For Mantri Developers Pvt Ltd

GUIDELINES TO APPRAISERS

1. This appraisal is done with the purpose to evaluate the suitability of an employee for confirmation in employment.
2. Appraisal form should be completed by immediate superior who is directly observing the person (a) at work, (b) in his/her dealings with colleagues and superiors and (c) in his / her general behavior in the office/store.
3. The employee would conduct a self-evaluation followed by an evaluation by the appraiser / supervisor.
4. The appraiser / supervisor must deliberately guard himself against biases. This can be achieved by keeping track of the performance of the appraisee / employee on a regular basis from the time he joins the Company. This would avoid appraisals based on random observations.
5. Strengths and areas of improvement are part of every individual. Post- appraisals the appraiser / supervisor is expected to give an indication of the general training & developmental needs of the employee.
6. Lastly, the appraiser / supervisor will determine whether the organization should confirm / extend the probation or terminate the employment of the appraisee / employee. As far as possible, the appraisal would be approved by the appraiser / supervisor of the employee's immediate appraisee / supervisor. This would ensure that discrepancies if any in the ratings are avoided.
7. The Appraiser must share the Appraisal with the Appraisee and take the Appraisee's signature in the space provided.

Confirmation Appraisal of Employee Name
EMPLOYEE ABC (APPRAISAL BEFORE CONFIRMATION)

Rating Scale	1 – Unsatisfactory - Below performance expectations
	2 – Below Average - Partially meets performance expectations
	3 – Average - Meets all performance expectations
	4 – Good - Occasionally exceeds performance expectations
	5 – Very Good – - Consistently exceeds performance expectations

Please indicate your rating by making a tick (✓) against each of the following competencies.

In case of rating the competencies which are not relevant for a particular level “NA i.e. Not Applicable” can be filled in.

Competencies	1	2	3	4	5	Employee Rating	Supervisor Rating
--------------	---	---	---	---	---	-----------------	-------------------

1.RESULTS ORIENTATION Has a concern for meeting & exceeding goals set by self or others and executes actions in a focused & proactive manner.	Has difficulty in achieving targets in a timely manner	Is sometimes able to meet targets on time	Is always able to meet targets within time & accurately	At times is able to achieve targets even before time & goes beyond the expected	Consistently achieves targets before time & proactively seeks & achieves more		
2. CUSTOMER FOCUS Has awareness of customer (internal/ external) needs and how those needs have a reciprocal influence on business decisions and processes.	Lacks enthusiasm when dealing with customers	Partially aware of customer needs and attempts to understand & meet the same	Gives customers full attention and respect and strives to meet their needs	Answers customer queries & resolves issues promptly to ensure customer satisfaction	Checks back with customers to make sure problems have been corrected & ensures customer loyalty		
3. TEAM ORIENTATION Is able to collaborate and work toward common goals as well as create and sustain positive working relationships.	Finds it difficult to work with others as a team member	Can at times work with others despite differences in interest	Cooperates & works efficiently with others on specific tasks or projects	Is able to take collective responsibility for success as well as failure thus creating & maintaining a proficient team	Ensures cohesiveness amongst team members & their collective excellence		
4. ORGANIZATIONAL CITIZENSHIP Is committed to the mission and vision of the organization with a sense of personal responsibility.	Does not display commitment to organizational goals and objectives	Is aware of the organizational mission & vision	Shows accountability & is dedicated to the mission & vision of the organization	Volunteers additional involvement in organizational development	Influences others to align work behavior with the mission & vision of the organization		
5. INNOVATION Is able to improvise existing approaches and introduce new ideas as result of being open to feedback and change	Is resistant to change or anything new	Questions & challenges traditional thinking	Is receptive to new ideas & processes & incorporates them on the job	Invents & improvises processes to increase overall proficiency	Develops leading-edge products & services that set a new industry standard		
6. LEADERSHIP Is able to provide clear directions, feedback and support to ensure that critical goals are met. Takes genuine interest in developing subordinates.	Is not able to provide guidance or support when job demands it	Is sometimes able to direct & aid subordinates towards goal attainment	Is able to provide clear direction & feedback to subordinates	Empowers subordinates by delegating responsibility	Selects and grooms key people to assure succession into leadership positions		
Total							

Appraisee's Sign: _____

Appraiser's Sign: _____

Name: _____

Name: _____

IS THE PERSON SUITABLE FOR THE PRESENT JOB ? ☐ YES ☐ NO

If No, then what type of job would you recommend as a proper placement for Him/Her?

GENERAL REMARKS: (To be filled by Appraiser)

Strengths: _____
Areas for _____
Improvement _____

Training / Development Needs (if any) :

EMPLOYEE'S COMMENTS:

SUMMARY APPRAISAL:

1. Unsatisfactory 2. Below Average 3. Average 4. Good 5. Very Good

RECOMMENDATIONS:

To be Confirmed

Probation / Training to be
Extended

To be Severed

REMARKS: (To be filled by Functional Head /HR /CMD)

Sign
Name
Date

APPRAISER

HOD/FUNCTIONAL HEAD

Head - HR

ANNEXURE 29

Relocation Claim Voucher

NAME: _____ **DATE** _____

FROM: _____ **TO:** _____

Part-I: Quotation of Transportations

S. No.	Transporter Name	Address	Contact No.	Amount Quoted in INR

Part-II: List of Items

S. No.	Item List	S. No.	Item List

Part-III: Total Relocation Statement

Expenses on	Amount in INR
Transport	
Insurance Charge	
Packing & Loading Charge	
Unpacking & Unloading Charge	
Vehicle Transport	
Driver Allowance for Car Transport	

(RECEIVED)

Employee Name

(CHECKED)

HR Operations

(ACCOUNTS)

Accounts

PAYMENT DETAILS

ANNEXURE 30

LOCAL TRAVELING EXPENSES FORM

This is to certify that I have maintaining a Car/Scooter/Motor Cycle bearing No. _____ which is registered in my name and is owned by me, in proper running condition and have been utilised the same in the performance of official duties. Expenditure, wholly, exclusively and necessarily incurred on the maintenance and running of the aforesaid vehicle in connection with the official duties as per following details.

S. No	Date	From	To	KMs	Amount	Purpose

Signature :
Name :
Designation :
Emp. No. :

Date :
Place :

Sanctioning Authority

Signature :
Name :
Designation :
Emp. No. :

Date :
Place :

ANNEXURE 31

TRAVEL APPROVAL FORM

A) Personal Details

Employee No : _____ Name : _____
Designation : _____ Department : _____
Mobile No. : _____ e-Mail id : _____

B) Details of Travel

From	To	Date of Travel	Flt No. / Train No.	Class of Travel	Dept. Time	Remarks

C) Purpose of Travel : _____

D) Expected Duration of Stay: _____ nights

Date: _____ **Requisitioner's Name** _____ **Sign** _____

E) HOD's Remarks: _____

Date: _____ **HOD's Name** _____ **Sign** _____

(For Administration Purposes)

F) Class of Travel As per Policy :
Business Economy

G) Ticket Details : Flight/Train No. _____ Time _____
Flight/Train No. _____ Time _____
Flight/Train No. _____ Time _____
Flight/Train No. _____ Time _____

Date: _____
Date: _____

HR Department: _____
Sign: _____

ANNEXURE 32

TAXI APPROVAL FORM

A) Personal Details

Employee No : _____
Name : _____
Designation : _____
Department : _____
Mobile No. : _____

B) Details of Travel

From	To	Date of Travel	Remarks

C) Purpose of Travel : _____

Date: _____ Requisitioner's Name _____ Sign _____

D) HOD's Remarks: _____

Date: _____ HOD's Name _____ Sign _____

(For Administration Purposes)

Type of Taxi As per Policy :

☐☐

AC Taxi

Non AC Taxi

Taxi Details: . _____ Taxi No. _____ Time: _____

Driver's Name. _____ Driver's Contact No.: _____

Date: _____ HR Department _____ Sign _____

ANNEXURE 33

TRAVEL ADVANCE VOUCHER

NAME: _____ **PERIOD :** _____

PLACE: _____ **CATEGORY :** _____

Part-I: Travel

DATE	FROM	TO	MODE	CHARGE

Part-II: Stay Charges

DATE	HOTEL	FOOD	DA	TOTAL

Part-III: Total travel statement

TRAVEL		REMARKS
STAY CHARGE		
LOCAL CONVEYANCE		
COMMUNICATION		
MISCELLANEOUS		
TOTAL AMOUNT		

(RECEIVED)	(CHECKED)	(ACCOUNTS)
PAYMENT DETAILS		

ANNEXURE 11

Employee Referral Form			
HR Coordinator		Location	
Name of Employee providing references		Department	
Referred candidate Details			
Name		Total Experience (in Yrs)	
Education Qual.		Mobile	
Current Organisation		E-mail id	
Role & Designation		Role & Position suitable for in MDPL	
Remarks			

Ranking Criterion	
A+	Very Good
A	Good
A-	Average