

Date: _____

NO DUE CERTIFICATE

Name _____ E.Code. _____ Desg.. _____

Sub-Band _____ Dept: _____ SBU : _____

Dt. Of Joining. _____ D.O. Resignation: _____ D.O. Relieving _____

S.No.	Department	Dues with the Dept.		Signature	Remarks
		Payment / Unit	Deduction		
1	H.O.D (to whom he / she is reporting)				
2	BU Finance & Accounts				
	a) IOU				
	b) Any other				
3	HR / Administration				
	a) Attendance				
	b) EL Balance				
	c) Canteen Deduction				
	d) Transport Deduction				
	e) Notice Pay Recovery				
	f) Corporate Cards (Amex / Club Cards)				
	g) SIM Card				
	h) Residence Phone/ Cell Phone				
	i) Laptop/Data card/Hard disk				
	j) Uniform /Shoe / Chappal/ Locker Key				
	k) ID Card				
l) Any other					
4	Exit Interview by interviewer	YES / NO			
	Completed 6 months	YES / NO		If 'No': Source of Recruitment:	
5	Training				
	a) Library				
	b) Training Card				
	c) cGMP Book				
6	IS & Stores				
7	Engg. Stores / WH				
<p>"Friends Forever" is our communication tool to keep in touch with you. Once you register with us, you would get updates on opportunities in the organization, organizational performance information etc. You can also share your experiences working with Dr. Reddy's on the portal.</p>					
8	Registration in "Friends Forever"	YES / NO			
9	Shared Services / EST				
	a)Travel reimbursement				
	b)Mobile handset recovery				
	c)Salary Advance				
	d)Education loan				
	e)LTA				
	f)Medical reimbursement				
	g)Fuel reimbursement				
	h)Gratuity				
i)Leave encashment					

Employee Signature and Date

Employee personnel Details for Dispatch the exit documents

Residential Address:
.....

City State:

Pin code Land Line:.....

Mobile no

Personal Email id

Alternate
Contact Person &
Address
.....

City State:

Pin code Land Line:.....

Mobile no

Signature
Date

Full & Final Settlement

Your full & final settlement amount will be transferred to your existing salary account. Hence, you should keep this account active for 3 months from the date of your relieving (your last working day). We request you to sign off the below given declaration.

I hereby declare that Dr.Reddy's can transfer my F&F settlement amount to my existing salary account. I will keep this account active for three months from the date of my relieving (my last working day).

Name

Signature

Date

Exit Interview Form

We would appreciate your candid feedback on the following questions to help improve the work environment. You are free to choose your exit interviewer and make sure you meet him/her for discussion along with the exit form. We assure you that this data will be kept confidential.

Name of employee: _____	Emp code / WL: _____
BU / Department: _____	Designation: _____
Date of joining: _____	Date of exit: _____
Interviewer: _____	Date of discussion: _____

To be filled up by the exiting employee

1. How would you describe your experience of working with Dr. Reddy's?

2. What are the factors behind your decision to resign? When did you start thinking about leaving?

3. Top 3 Reasons to leave (Pick from the list given overleaf)

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4. Did you discuss the reasons for dissatisfaction with your superior or anyone in the organization, at any point of time? If so, what response have you received?

5. What action, if any, could have helped you reconsider your decision to leave?

6. "What changes / improvements, if brought about, will help in retaining talent and building Dr. Reddy's a better place to work?"

Comments by Exit Interviewer – Name : _____ (pls submit this to respective HR Fac)

Your Reasons for leaving
Higher salary
Higher studies
Dissatisfaction with the role content
Lack of recognition
Lack of role clarity
Relationships with the peers / superior / subordinates
Poor Performance Management
Lack of Growth Opportunities
Poor Work Culture
Leadership styles of superiors
Shifting to other industry
Health related
Social Reasons – marriage, family challenges
