

SPECIMEN EMPLOYMENT AGREEMENT

1st Party **M/S COMPANY'S NAME**
 Address P. O. Box _____, _____, _____.
 2nd Party Name.....
 (Workers) Passport No.....

The 2nd Party agrees to work with the first party on the following terms and conditions:

- 1. Basic Salary per month : As per demand letter
- 2. Profession : As per demand letter
- 3. Period of Employment : Limited (2 yrs) & Renewable
- 4. Place of employment : COUNTRY'S NAME
- 5. Trial Period : (06) months
- 6. Working hours per day : (08) hours per day
- 7. Accommodation & Food : Provided
- 8. Transport : Provided for work
- 9. Air ticket from India to UAE : Provided
- 10. Condition of Termination of Employment
 & final settlement : COUNTRY NAME LABOUR LAW
- 11. Medical Benefits : COUNTRY NAME LABOUR LAW
- 12. Leave Benefits : COUNTRY NAME LABOUR LAW
- 13. Provision in regard to renewal of contract : COUNTRY NAME LABOUR LAW
- 14. Occupational Safety provisions : COUNTRY NAME LABOUR LAW
- 15. Social security provisions including
 Compensation of injury or death : COUNTRY NAME LABOUR LAW
- 16. Mode settlement of disputes : COUNTRY NAME LABOUR LAW
- 17. Provisions in regards to Disposal &
 Transport of the dead body of the Immigrant : COUNTRY NAME LABOUR LAW

- 18. The passport of the worker, being the property of the Government of India, shall be made available to the worker any time on demand. In case of dispute Indian Mission shall decide the subject matter.

- 19. The employer will be responsible for obtaining valid entry permit for the employee, and in case the employee is refused continuation of employment in the country, the Employer shall repatriate the worker to his home country by Air Passage provided by them and shall pay the worker all his dues till the date of departure.

- 20. Payment of compensation to the employee in case of disability, permanent injury arising of and incurred while on duty will be provided for in accordance with the local labour laws. In the event of death of the employee, the Employer will make suitable arrangements for disposal of the dead body and for sending his personal belongings, dues, and legitimate savings to his dependent relatives in India at Employer's cost.

For and on behalf of
COMPANY'S NAME

Signature of Worker: _____ **Date:** _____

**NAME OF AUTHORIZED SIGNATORY
 HIS DESIGNATION**