

## **AMSI Retraction of Resignation Form**

Date	
Employee Name	
School/Campus	
Designation	
Section/Department	
Mobile No.	
Induction Date	
<b>Reason of resignation retracting:</b>	
<p>Dear Sir/Madam,</p>	
<b>Employee Signature</b>	<b>Date</b>

<b>Principal/ Direct Supervisor Remarks</b>	
Approved <input type="checkbox"/>	Not Approved <input type="checkbox"/>
<b>Signature</b>	<b>Date</b>

*-Please submit this form to Human Capital Department.*

<b>Human Capital Use Only</b>	
Remarks:	
<b>HC Signature/ Date</b>	<b>HC HOD- Signature/ Date</b>