

# Employee Indemnity Bond Form

Bond Number:

Enter bond number

Date:

## Employee Details

Full Name:

Employee's full name

Employee ID:

Employee ID

Designation:

Designation/Position

Department:

Department

Address:

Current address

## Bond Particulars

Bond Amount (in INR):

e.g. 1,00,000

Bond Period (Years):

e.g. 2

Effective From:

Effective To:

## Indemnity Bond Declaration

I,  Employee Name  , employed as  Designation  in  Company/Departmen, hereby execute this

Indemnity Bond in the favour of the employer as per the terms and conditions outlined.

I undertake to serve the employer for a minimum period of  Years years from the date of joining, failing which I agree to indemnify the employer to the extent of the bond amount and as per company policies.

Employee Signature:

Date:

Witness (1):

Full Name

Witness Signature:

Witness (2):

Full Name

Witness Signature:

### **Important Notes**

- This bond is a legally binding agreement; read all terms carefully before signing.
- The employee is liable to pay the bond amount if leaving the organization before the stipulated period.
- Ensure the presence of two credible witnesses during execution of the bond.
- Retention and enforcement of the bond are subject to applicable laws and company policy.
- Original document to be retained by the employer and copy may be provided to the employee upon request.