

ALLZONE - EXIT INTERVIEW FORM

Take a moment and complete the following questionnaire. We regret losing an employee and hope that through this questionnaire we can identify areas for improvement and address any situation needing attention. It will serve to enable us in developing policies and practices that reflects the needs of the employees. This form will not become a part of your personnel file and will not affect your rehire status. Your cooperation is appreciated.

| Personal Information |
|--|
| |
| Name: Py Saavanya |
| Employment Number: AMSC/AMSV_236) |
| Mobile No: <u>9384651248.</u> Gender: <u>Female</u> |
| Department: Charge Pokry: (MEDICAL BIUSNG) |
| Designation: Process Associate. |
| Date of Joining: 10/10/2022 Date of Leaving: 9/1/2024 (Day/Month/Year) |
| Details of Projects Worked: |
| Charge frotry |
| Immediate Supervisor Name: FIAKKOVAN |
| Manager Name: |

1. Why are you leaving the job?

Some financial meason.

2. What were the most important factors in your deciding to take a new job? Salary? Benefits? Time off? Something else?

Salary Benefits.

3. Did your current job meet your expectations?

20K.

4. Did you receive adequate support and training in your job?

Yes

5. What did you like about your job?

Management.

6. What did you dislike about your job?

dis Respect.

7. What change is required to carry out your job?

CUOTE related Knowledge -

8. Did you receive enough training to do the job effectively?

I leaved to work fill fred

9. Did you receive enough support to do your job effectively?

Not bod.

10. How did you feel about the supervision you received?

· Not bad

11. What was your working relationship with your manager like?

dis Rospet Piece.

12. How do you feel about the feedback you received from your manager?

dis Res Perfaul.

13. How would you describe your relationship with your colleagues?

Very Supportal.

14. How would you rate the working environment and do you have any suggestions for improvement?

99%

| 15. | Do you have any suggestions regarding organizational policies and |
|-----|---|
| | procedures? |

Pls Provide Por Sodandays Propenly,

16. Did you have clear objectives in your job?

Charge Entered thing Proterry.
and Training Saftware.

17. How were these objectives communicated to you?

Easyry, cerdens-land way

18. What is positive about this organization?

Clean organization.

19. In what ways can the organization improve?

Staff, Communication Skills

20. Would you work for the company in the future?

Yes

21. Would you recommend this company to any of your friends looking for this job?

Swie. 1 referred.

| 22. | Do vou | have | anv | questions | or | comments? |) |
|-----|--------|------|-----|-----------|----|-----------|---|
| | 20 ,00 | | | | | | |

thank you for giving Great offaundies.

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|----------------------------|----------|--|
| Signature of the Employee: | (Fyshing | |

Date: 9/1/2024

For HR department use:

| S. No | Checklist Items | Yes/No | Date |
|-------|---|------------|-------------|
| 1 | ID card and Access card - Returned | YES | 9-JAN-2024 |
| 2 | Access removed | YES | 9-2024 |
| 3 | Issued relieving order / experience letter | 465 | 18-JAN-2024 |
| Date: | 8-JAU-2024 | Signature: | ARWACHACAM |

Name of the HR: N. PRUNACHALAM