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| Annexure-V  **Undertaking by the Employer seeking to employ a Female Household Service Worker** |

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_S/o / D/o \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ resident of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

do hereby undertake that :

1. I shall honour and abide by the terms and conditions mentioned in the contract of employment attested by Embassy of India, Baghdad.
2. I shall not levy any charges upon or deduct or adjust from the salary/other payments due under the contract of employment to the Female Household Service Worker (FHSW) any expenditure incurred by me in obtaining the work permit/residence or employment visa /medical or health card for the FHSW.
3. Any of my family members or I shall under no circumstances verbally or physically abuse, terrorise and /or ill-treat the FHSW in any other way and in case of any problem with the FHSW I shall immediately inform the Embassy.
4. I shall intimate Embassy of India, Baghdad, immediately in writing if the FHSW’s visa is being cancelled or release is being given to her.
5. I shall bring the FHSW, along with the mobile phone provided to her, to Embassy within two weeks of her arrival in Iraq and help to register her with the Labour Section of Embassy.
6. I shall permit the FHSW to telephone Embassy regarding her welfare at least once a week for the first three months and once a month thereafter.
7. I shall pay all the dues of the FHSW and bring her to Embassy in person before her final departure to India on termination of the employment contract and cancellation of the employment visa.

Signature of the Employer

Name & Address of the Employer:

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Place \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mobile No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_