

UCFER

GSTIN: 33BZFPR4158B1ZJ



(Strike out whatever is not applicable)

INDIA Internship Basic TC Form (Not applicable to employees)

Full Name: MANIYARASAN

Father Name: DHANASEKARAN

Date of Birth: 11 / 09 / 2000 Aadhar Number: 717637132326

Full Address: _____

First Language: TAMIL Second Language: ENGLISHH

Email ID: billamani2244@gmail.com

Contact Number: 9095571885

Internship Type: Part Time / Full (✓). (Tick any One)

DECLARATION

I, MANIYARASAN, Son/Daughter of
DHANASEKARAN, resident at
CHENNAI hereby

declare that the above is true and accurate and that I shall be liable for any disciplinary action, including termination of internship, if the above is found to be wrong or inaccurate. I also agree to the following:

1. I understand and agree that during of my internship with the organization and because of my duties and position of trust, I shall have access to, have become and will continue to be familiar with organization's proprietary and confidential information of all kinds and that such proprietary and confidential information is of great value to the organization in furtherance of its services and business and there is a recognized and understood need for the non-disclosure and protection against the misappropriation of such information. The breach of the confidentiality clause shall amount to material breach and be a ground for the termination of my internship.