

**UCFER GSTIN:
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(Strike out whatever is not applicable)

Full Name: MOHAMMED MUSTAFA TZ

Father Name: ZAKIR HUSSAIN TH

Date of Birth: 26/ 03 / 2001

Aadhar Number: 342299999448

Full Address: No:1,Pranav eye care apartments-second floor, Sarangapani Street, Krishnapuram, Ambattur.O.T, Chennai-600053.

First Language: English Second Language: Tamil

Email ID: iammustafatz26@gmail.com

Contact Number: +918122697876

Internship Type: Part Time

DECLARATION

I, Mohammed Mustafa TZ, Son/Daughter of Zakir Hussain TH, resident at No:1,Pranav eye care apartments-second floor, Sarangapani Street, Krishnapuram, Ambattur.O.T, 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.
2. All Intellectual Property created by me during the course of my internship with the organization shall be owned by the organization.
3. I shall ensure I adhere to the Ethics policy of the organization and that any violations are promptly reported to designated authorities within the organization. I explicitly agree to indemnify the organization against any and all damages that may be brought upon the organization because of my actions that are in violation of laws.