

UCFER

GSTIN: 33BZFPR4158B1ZJ



(Strike out whatever is not applicable)

INDIA Internship Basic TC Form (Not applicable to employees)

Full Name: _____ M. PAVITHRA _____

Father Name: _____ P. Mani _____

Date of Birth: _22_ / _04_ / ___2001__ Aadhar Number: 7142 0877 3938

Full Address: _M. Pavithra, D/O P. MANI, 38/82E, SOUTH STREET, SENGUNAM (PO), PERAMBALUR (TK), (DT), PIN-621 220,._

First Language: _____ Tamil _____ Second Language: _____ English _____

Email ID: _____ pavithramani224@gmail.com _____

Contact Number: _____ 9884380211 _____

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

DECLARATION

I, _____ M. PAVITHRA _____, Son/Daughter of _____ P. Mani _____, resident _____ at _____ perambalur _____

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