

UCFER GSTIN:

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(Strike out whatever is not applicable)

Full Name: karthick raja D

Father Name: R DURAI

Date of Birth: 28/ 05/ 2000/ Andhra Number: 7580 6520 5655

Full Address: PLOT NO: 79, Velayutham ,street, Asiriyar nagar, orikkai, Kanchipuram, TAMILNADU 631502

First Language: TAMIL Second Language: ENGLISH

Email ID: karthickdurai587@gmail.com

Contact Number: 9750877583

Internship Type: Full Time

DECLARATION

I Karthick raja Son/Daughter of R.durai resident at PLOT NO: 79 velayutham street, asiriyar nagar ,orikkai, Kanchipuram, Tamil Nadu. 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.