UCFER

GSTIN: 33BZFPR4158B1ZJ



(Strike out whatever is not applicable)

Full Nai	ne: SOWMIYA J
Father	ame: JAIKUMAR
Date of	Birth: <u>13</u> /08/1998 Aadhar Number: <u>673359937824</u>
Full Add	ress: 1/418 Pathaipudur, Pattukonampatti(post), Pappireddipatti(tk), Dharmapuri dt
First La	guage: TAMIL Second Language: ENGLISH
Email II	: jaisow1308@gmail.com
Contact	Number: 7708826771
Interns	ip Type: Part Time / Full Time. (Tick any One)
	DECLARATION
I <u>, am Sc</u>	
Dharr	
	above is true and accurate and that I shall be liable for any disciplinary action, including
termina	tion of internship, if the above is found to be wrong or inaccurate. I also agree to the following:
1.	understand and agree that during of my internship with the organization and because of moduties and position of trust, I shall have access to, have become and will continue to be familial 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 service 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.	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 only actions that are in violation of laws.

4. I understand and agree that I am subject to the directions of my superiors and supervisors in the organization and that I am bound to obey all lawful rules and regulations of the organization.