

UCFER

GSTIN: 33BZFPR4158B1ZJ



(Strike out whatever is not applicable)

INDIA Internship Basic TC Form (Not applicable to employees)

Full Name: SWAGATA DAS _____

Father Name: ASHOK KUMAR DAS

Date of Birth: 01__ / __10_ / __2000____ Aadhar Number:
__670858680982_____

Full Address: _Ulubari South Sarania Guwahati
781007_____

First Language: Hindi Second Language: English_____

Email ID:
_swagatadas6121@gmail.com_____

Contact Number: _9101083438_____

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

DECLARATION

I, Swagata Das _____, Son/Daughter of Ashok Kumar
Das _____, resident at
_____ Guwahati, Assam _____

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.