

UCFER

GSTIN: 33BZFPR4158B1ZJ



(Strike out whatever is not applicable)

INDIA Internship Basic TC Form (Not applicable to employees)

Full Name: S.JACKSON

Father Name: M.SEbastian

Date of Birth: 13/ 09/ 1999 Aadhar Number: 6133 0516 0220

Full Address: S.Jackson 1/831 B Thupakki Nagar,
poolangudi colony , happ (p) , Thiruverumbur (tk), Trichy 620025

First Language: Tamil Second Language: English

Email ID: s.techjack@gmail.com

Contact Number: 7603832515

✓

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

DECLARATION

I, S.JACKSON, Son/Daughter of M.SEbastian, resident at M.A.M COLLEGE OF ENGINEERING ,TRICHY 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:

- 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.
- All Intellectual Property created by me during the course of my internship with the organization shall be owned by the organization.