

**UCFER GSTIN:
33BZFPR4158B1ZJ**



(Strike out whatever is not applicable)

Full Name: J.Shruthi
Father Name: J.Jayabal(late)
Date of Birth: 07 / 03 / 2003 Aadhar Number: 8209 2015 5070
Full Address: 8/202 Kairbetta Naduhatty Vill Donnighton post Kotagiri.The Niligiris-643217
First Language: English Second Language: Tamil
Email ID: 20104ueo27@avinuty.ac.in
Contact Number: 6382050427
Internship Type: Part Time / Full Time. (Tick any One)

DECLARATION

I, J.Shruthi, Son/Daughter of J.Jayabal(late), resident at 8/202 Kairbetta Naduhatty Vill Donnighton post Kotagiri.The Niligiris-643217. 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.