birlasoft

Letter of Authorization & Undertaking

To whom it may concern

I understand that **Birlasoft** may use an outside agency to verify and authenticate the information and documents I have provided in my resume, in the recruitment systems and online/physical copies, including but not limited to my previous employment history, personal credentials, academic qualifications and criminal records.

I understand that a Birlasoft authorized external background verification agency/vendor will obtain information it deems appropriate from various sources including, but not limited to, the following: current and past employers, criminal conviction / ongoing criminal case records, School & College records, Identity Records, and professional and personal references.

I authorize, without reservation and with my explicit consent, any individual, corporation or other private or public entity to furnish **Birlasoft** and the outside background agency all information about me as sought. Birlasoft agrees that it shall use all or any portion of the information obtained by it only in the manner set forth in the appointment letter, its company policies or its business agreements with its customers and business partners.

I hereby confirm that I am currently employed with __EY GDS_____ (current Company Name) only in the capacity of _Technical Consultant(designation) having employee code _IN01008670_ at _Baganrole_____ (Location). I hereby also confirm that I am not engaged directly or Indirectly with any other job/profession/business of any nature as an employee, contractor, sub-contractor, direct/indirect consultant, director, partner, or freelancer or in any other manner currently.

I hereby agree and share my consent and authorization to Birlasoft to conduct any verification on the information and documents provided by me directly to Birlasoft or through any agencies authorized by it.

I unconditionally release and hold harmless any individual, corporation, or private or public entity from all causes of action that might arise from furnishing to Birlasoft and the outside agency information that they may request and require pursuant to this release.

This authorization and release, in original, faxed, electronically sent/accepted or photocopied form, shall be valid for this and any future reports and updates that may be requested and will be retained by the company till the purpose is resolved.

Signed: ____Ampil Verma_____

Name in Block Capitals: _____AMPIL VERMA_____

Date of Birth: __27-Mar 1995_____
(MM/DD/YYYY)

Date: 05/02/2023_____(MM/DD/YYYY)