

ANNEXURE 1

Information Release Form

employment. I authorize former employers, agencies, educational institutes etc. to release any information pertaining to my employment/education and I release them from any liability in doing so. I hereby authorize Capgemini India Private Limited or any of it Affiliates(or a third party agent appointed by the Company) to contact any former employers as indicated above and carry out all Background Checks not restricted to education and employment before and during the period of

I confirm that my appointment is based on the information furnished by me in my employment application and all further declarations and undertakings. Hence, any false statement or information furnished as above and/or furnished during the period of my employment will result in action based on company policy including dismissal without notice.

Name	Middle Name	Last Name
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Date of	0	0	_	×	×	/	_	_	>	>
Authorisation (Not Date of Birth)	N	7	_	1	-	_	7	0	-	9)
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