



ANNEXURE 1

Information Release Form

I hereby authorize **Capgemini India Private Limited** or any of its 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 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 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.

First Name	Middle Name			Last Name						
Shravika	Reddy			Jollapalli						
Date of Authorisation (Not Date of Birth)	D	D	/	M	M	/	Y	Y	Y	Y
	3	1	/	0	1	/	2	0	2	0
Signature (manual signature)	Shravika									