**DECLARATION**

To The Country Head/HR Director Date:

Legato Health Technologies LLP (Legato)

Hyderabad/Bangalore

Dear Sir/Madam,

I Pollapalli Shravika Reddy s/o, d/o, w/o Sampath Reddy Pollapalli resident of \_\_\_\_\_\_\_Hyderabad\_\_\_\_\_\_\_ having joined Legato on \_\_\_\_\_\_09/09/2020\_\_\_\_\_\_\_ hereby declare that, I acknowledge that due to unusual circumstances of the COVID ’19 situation, Legato is unable to provide me and collect from me the signed hard copies of the following documents:

* Application form
* Form 11
* Form 2
* PF & Gratuity Nomination form
* NDA
* Transport Form
* Night Shift Declaration
* 6 Mandatory courses declaration
* COI survey declaration
* Educational Certificates
* Experience Certificates
* Relieving Letter if applicable
* 10th / 12th / Graduation certificates
* Valid Address Proof
* Government issued Photo ID
* Other Documents

I acknowledge that it is a mandatory for me to validate each document with my signature. However, in the present situation I am providing information against each document through email and hereby declare that all the information provided by me by email is correct to the best of my knowledge.

I hereby acknowledge that my CTC and related taxes, PF, HRA, ESI and any other deductions as applicable will be calculated and effected according to the information provided by me.

I further declare that that in the event of any information provided by me being incorrect or false either intentionally or otherwise I will not hold Legato liable for any of the consequences under any of the applicable laws governing the various documents and information provided.

I also acknowledge that in the event of any information provided by me is found to be incorrect or false either intentionally or otherwise, it will lead to disciplinary action leading up to termination.

I further agree to read, understand and adhere to all the policies that are available on the Pulse including but not limited to

1. Leave Policy
2. Transport Policy
3. POSH
4. Referral Policy
5. Ethics Privacy and Compliance

I hereby declare that I acknowledge that Legato works different shifts including night shifts and I am open and willing to work any shift as per business requirements.

I represent and warranty that I shall not hold Legato or any of its affiliates responsible in the event of any of the information provided by me is found to be false or incorrect.

Sincerely,

Name of Associate \_\_\_\_\_\_\_\_\_Pollapalli Shravika Reddy\_\_\_\_\_

Date of Joining \_\_\_\_\_\_\_\_\_\_\_09/09/2020\_\_\_\_\_