

Letter of Authorization

To whom it may concern

I understand that the information provided by me may be used by **EdgeVerve** (organization / employer) or any third party agency appointed by the organization to verify and validate the information I have provided including my employment, my personal background, professional standing, work history and qualifications etc.

I understand that the organization or the third party agency appointed by the organization may obtain information it deems appropriate from various sources including, but not limited to current and past employers, criminal conviction records, university / school / college records, professional and personal references and other verifying sources / authorities.

I authorize, without reservation, any individual, corporation or other private or public entity to furnish the organization or the third party agency appointed by the organization, all information about me.

I unconditionally release and hold harmless any individual, corporation, or private or public entity from any and all causes of action that might arise from furnishing to the organization or the third party agency appointed by the organization, that they may request pursuant to this release.

I understand that if I submit any falsified information or documents, I may be subject to legal proceedings and my complete information may be shared with the verifying source / relevant authorities.

This authorization and release, in original, faxed or photocopied form, shall be valid for this and any future references.

Signature	G. Tejaswani
Name (In Block Letters)	TEJASWANI
Date	30-03-2021