

Letter of Authorization for Background Verification

I understand that Mphasis will use a duly empaneled Vendor to verify and validate the information I have provided at the time of employment, including my employment and work history, my personal background including address verification and educational qualifications.

I understand and hereby authorize the duly empaneled vendor to obtain any information that it may deem relevant and appropriate to validate the information provided by various sources including, but not limited to, the following:

- (i) Current and past employers,
- (ii) Criminal conviction records (if applicable),
- (iii) School/ college records
- (iv) Professional and personal references
- (v) Drug test, health related information, etc.

I hereby authorize Mphasis to access or be provided with full details of my previous employment record held by any company or business for whom I previously worked.

This information could include the dates of employment; the nature of the position held, details of my salary upon departure and an appraisal of my performance, capabilities and character and any other information as maybe deemed necessary and pertinent by Mphasis.

I understand that during the course of my employment with Mphasis, I may also require to undergo drug-screening tests, subject to business requirements.

I hereby authorize Mphasis to conduct drug tests and make the results available to Mphasis Limited (together with its affiliates and subsidiaries) and its current or prospective clients.

This authorization letter, in original, faxed or photocopied form, shall be valid for this purpose and any future reports and updates that may be requested.

Privacy and confidentiality of the information shared by Mphasis to third party vendors will be maintained.

Declaration

I hereby certify all the statements made by me on the Mphasis employment verification form are true and complete.

I understand that omission or misrepresentation of any facts may result in revocation of the offer for employment at Mphasis or immediate termination of employment.

Signature: **X**

Name in Capitals :

Date :

Place :