



I hereby authorize **Cappgemini 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 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.

First Name	Middle Name			Last Name			
LALITHA				MADHURA			

Date of Authorisation (Not Date of Birth)	D	D	/	M	M	/	Y	Y	Y	Y
	1	0	/	0	5	/	2	0	1	9

Signature (manual signature)	M. Lalitha
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