

<<to be executed on Rs.100/- non-judicial stamp paper >>

DECLARATION

I, _____ (Name), aged _____ years, employed with Capgemini Technology Services India Limited (hereinafter "Company") since _____ (date of joining in dd/mm/yyyy format) and having my employee ID _____. I hereby agree, acknowledge and declare that I have gone through the Sabbatical Leave Program ("Policy") and having understood the terms and conditions of the Policy, I agree and undertake to comply with each of my obligations under the Policy and I agree with the terms and conditions stated therein and undertake as hereunder:

1. That the Sabbatical Leave Program is not an entitlement but can be availed on sole discretion of the Company only on request from the employees for the same.
2. I state that I am eligible in accordance to the terms of the Policy to go on Sabbatical Leave and in the event my request for Sabbatical leave is approved I hereby agree that my continued benefits will be as mentioned in the Policy and authorize the Capgemini's concerned departments, to cease my entitlement (as appropriate).
3. I agree to resume my employment with the Company post expiry of my Sabbatical Leave period and duly inform the Company accordingly 60 days prior to the same.
4. I am aware that on my return from Sabbatical Leave Program the Company will endeavor to give me my current position if it is still available. Where this is not reasonably possible, the Company may offer another role/position that is suitable. The alternative position may not be in the same business area or location as my previous role/position. If no suitable position is available or I do not accept a suitable alternative position offered within 90 days of the end date of my Sabbatical Leave I acknowledge that I will resign from my employment and I will be relieved from the services with immediate effect with no obligation from the Company to pay notice period.
5. I agree and acknowledge that if I do not return from Sabbatical Leave within the approved time and date, the Company holds the rights to terminate my employment within 90 days of the end of my sabbatical Leave.
6. I understand that my sabbatical period will be calculated (wherever applicable) in period of service only if I resume my employment with the Company on expiry of my Sabbatical Leave.
7. I will ensure that I close all the requirements and dues before going on Sabbatical Leave as defined in the Policy and surrender all the assets as provided by the Company and detailed in the Policy else Company holds the right to terminate my services.
8. This undertaking shall be governed by and construed according to the laws of India and shall be subject to the exclusive jurisdiction of courts of Mumbai, India.
9. The Company holds the right to modify terms and condition of the policy at any time and the changes will be applicable as per the organization's discretion.

By signing below, I declare that I fully understand the Sabbatical Leave Program policy and the terms of this undertaking.

Date:

Place:

Name:

Employee ID:

Employee signature