

Declaration and General Consent to Background Investigation

To be signed by the Applicant

In connection with my application to render services to Tata Consultancy Services Ltd (the "Company"), I hereby agree as follows:

I certify that the information furnished in this form as well as in all other forms filled-in by me in conjunction with my employment is factually correct and subject to verification by TCS including Reference Check and Background Verification.

I accept that an appointment given to me on this basis can be revoked and/ or terminated without any notice at any time in future if any information has been found to be false, misleading, deliberately omitted/ suppressed.

As a condition of Company's consideration of my application for employment with the Company, I hereby give my consent to the Company to investigate or cause to be investigated through any third parties my personal, educational and pre or post employment history. I understand that the background investigation will include, but not be limited to, verification of all information given by me to the Company. I confirm that the Company is entitled to share such investigation report with its clients to the extent necessary in connection with the Services, which I may be required to provide to such clients. I confirm and undertake that the Company shall incur no liability or obligation of any nature whatsoever resulting from such investigation or sharing of the investigation results as above.

I certify that I am at present in sound mental and physical condition to undertake employment with TCS. I also declare that there is no criminal case filed against me or pending against me in any Court of law in India or abroad and no restrictions are placed on my travelling anywhere in India or abroad for the purpose of business of the company.

Signature

A DITYM SHARMA

TCS Applicant ID 716 176

Place

Date

5 - APR - 2019

I Agree : Yes



Gaps during Education/Employment (Attach Proof):

	From	То	Reasons for gap
Gap Period 1	- Annual Property of the Control of		
Gap Period 2			

DECLARATION (To be signed by the Applicant)

I certify that the information furnished in this form is factually correct and complete in all respects to the best of my knowledge and belief.

Place	Noida	Signature of Applicant Scharua
Date	05-APR-2019	Name ADITYA SHARMA.