

## **ANNEXURE 1**

## Information Release Form

I hereby authorize **Capgemini Technology Services india Limited** or any of its 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.

I also consent to providing such data pertaining to my personal, educational and past employment information as is necessary for Capgemini to issue an offer of employment to me. I say that all the information submitted on Capgemini's recruitment portal is true and I also fully understand if at any stage, it is discovered that any attempt has been made by me to willfully conceal or misrepresent the facts, my candidature may be summarily rejected.

First Name			Middle Name				Last Name				
Sharli kumar							Vacja	kwi	kui	therappa	
Date of	D	D	/	М	M	/	Y	Y	Υ	Y	
Authorization	1	8		0	5		2	10	1	4	
Signature		Shaehi kumar. V. K.									