ANNEXURE 1

Information Release Form

I hereby authorize **Capgemini Technology Services India** Ltd 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 confirm that my appointment is based on the information furnished by me in my employment application and all further declarations and undertakings. Hence, any false statement or information furnished as above and/or furnished during the period of my employment will result in action based on company policy including dismissal without notice.

FULL NAME (In Capital Letters Only):	SUDIPTO SAHA
DATE OF AUTHORIZATION (Current Date in DD/MM/YYYY format)	02/04/2024
SIGNATURE	*Sudipto Saha*