

# **BIRTH CERTIFICATE AFFIDAVIT**

## BIRTH CERTIFICATE AFFIDAVIT

I (**UR NAME**), s/o or d/o (**UR FATHER'S NAME**) residing at (**UR ADDRESS**) do solemnly affirm and state on oath as under:

1. That my date of birth is **UR DOB**
2. That my place of birth is **ADDRESS OF PLACE OF BIRTH**
3. That name of my father is **UR FATHER'S NAME**
4. That name of my mother is **UR MOTHER'S NAME**
5. That address of my parents at the time of birth is **ADDRESS AT THE TIME OF BIRTH**
6. That permanent address of my parents is **PERMANENT ADDRESS**

I, (**UR NAME**) do hereby solemnly affirm that the contents of this affidavit from paragraph 1. to 6 are true and correct to the best of my personal knowledge and belief . I do understand that if the above affirmation is proved to be false , my admission in this company would be cancelled for which I solely will be responsible.

Identified by,

DEPONENT

ADVOCATE's signature with seal

Notary seal and signature

Location and state

location and State

Sworn before me

DEPONENT

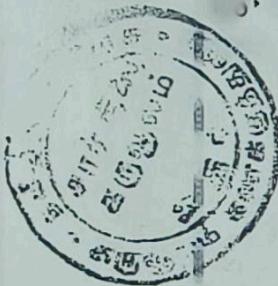


தமிழ்நாடு தமில்நாடு TAMILNADU

₹100/-

-24-

C. Palanisamy  
C. PALANISAMY  
S. V. D. L. NO 734 / B1 / 2003  
SHOOLAGIRI, Krishnagiri-(DL)



### BIRTH CERTIFICATE AFFIDAVIT

I, S. [REDACTED] Y.S., S/o. Sa [REDACTED] y, residing at No. [REDACTED] a7, K [REDACTED] Village, [REDACTED] Taluk, K [REDACTED] District, do hereby solemnly affirm and state on oath as under:

- i) That my Date of Birth is [REDACTED]
- ii) That my Place of Birth is [REDACTED] Village
- iii) That name of my Father is S. [REDACTED] y
- iv) That name of my Mother is S. [REDACTED]
- v) That address of my parents at the time of my birth was N [REDACTED] 7, [REDACTED]

Village, [REDACTED] Taluk, [REDACTED] District



A. Chaitravsekaran, B.A., B.L.  
ADVOCATE & NOTARY  
41/F. 1<sup>ST</sup> FLOOR, TALUK OFFICE ROAD,  
HOSUR - 635 109

vi) That permanent address of my parents is No. 7, Village,  
S Taluk, District.

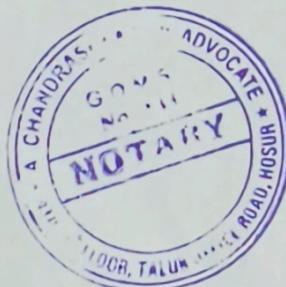
I, S. , do hereby solemnly affirm that the contents of this affidavit from Paragraphs 1(i) to 1(vi) are true and correct to the best of my personal knowledge and belief.

I do understand that if the above information is proved to be false, I will be solely responsible for any situation arising thereafter.

**Deponent Sworn Before Me**

[Notary's Seal/Sign]

A Chandrasekaran. B.A., B.L.  
ADVOCATE & NOTARY  
1/F, 1<sup>ST</sup> FLOOR, TALUK OFFICE ROAD,  
HOSUR - 635 109



# **NON CRIMINAL AFFIDAVIT**

Whereas I, ..... , an adult Indian Inhabitant, residing at ..... , have been selected by Tata Consultancy Services Ltd. ("TCS"), , for employment as ....., vide Offer Letter dated ....., subject to the terms and conditions mentioned therein and subsequent acceptance of the offer letter by me and the submission of the BGC documents to TCS.

And whereas since there has been a time gap after completion of my UG/PG degree course and the date of joining TCSL. TCSL has called upon me to give the following undertaking as part of Background Check Process, which I hereby do:

**I HEREBY GIVE THE FOLLOWING UNDERTAKING:**

1. That I am not involved in any Civil / Criminal / case / proceedings / charges / enquiry prior to joining TCS.
2. That I am not involved in any Disciplinary / malpractices and / or any other charges / proceedings / enquiry / case pending against me in any University or any other educational authority / institution prior to joining TCS.
3. .That I was not employed gainfully and / or honorary in any Organization, including Private / Public / Government / Educational Institution etc., prior to joining TCS.

**OR**

3. That I was employed gainfully and / or honorary with ....., prior to joining TCS. The particulars of my employment and reasons for leaving are as follows. .... The formal release letter from my said employer is attached hereto.
4. That whatever is stated above is true to my knowledge and belief and that no part of it is false. I shall be fully responsible and liable for all my acts or omissions.
5. That in case the above undertakings are found to be false, TCS shall be within its rights to forthwith terminate my services without any liability and take such legal recourse / actions against me as it may be advised.
6. That I shall fully indemnify and protect TCS from and against any acts or omissions attributable to me for breach hereof or otherwise, including, but not limited to, any loss, damage, or liability suffered by TCS and / or civil or criminal action against TCS for reasons hereof.

IN WITNESS WHEREOF, I have put my signature on this undertaking on this .....day of .....

Signature of the Candidate: \_\_\_\_\_

Name of the Candidate: \_\_\_\_\_

TCS Offer Reference No : \_\_\_\_\_

Place: \_\_\_\_\_

Date: \_\_\_\_\_

**1. Witness:**

Signature of the Witness: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Place: \_\_\_\_\_

Date: \_\_\_\_\_

**2. Witness:**

Signature of the Witness: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Place: \_\_\_\_\_

Date: \_\_\_\_\_

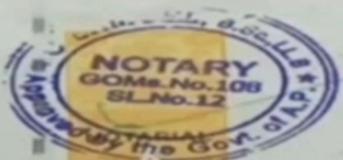


తెలంగాణ తెలంగాణా TELANGANA  
Sl. No: 362 Date: 27/01/2021 Rs. 100  
Sold to: Sanjukta Kun  
S/o: Who: \_\_\_\_\_  
For Whom: \_\_\_\_\_

A. SRICANTH AE  
Stamp Vendor  
09-09-2011  
09-012/2020  
Narsa Lalguda, Secunderabad  
Mobile No: 9849793342

Whereas I, S. Samuel, an adult Indian inhabitant, residing at 160/1, 32/A, Panibagh, Begumpet, Secunderabad, have been selected by Tata Consultancy Services Ltd. ("TCSL"), for employment as per the Offer Letter dated 19-01-2020, subject to the terms and conditions mentioned therein and subsequent acceptance of the offer letter by me and the submission of the BGC documents to TCSL.

And whereas since there has been a time gap after completion of my UG/PG degree course and the date of joining TCSL, TCSL has called upon me to give the following undertaking as part of Background Check Process, which I hereby do:



ATTESTED  
C. SAMUEL, B.Sc.,LLB  
ADVOCATE & NOTARY  
1-7-637, Shastri Nagar,  
Rammagaram, HYDERABAD-20.  
Ph: 9393031034

28 JAN 2021

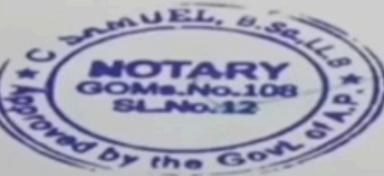
Contd 2.

**I HEREBY GIVE THE FOLLOWING UNDERTAKING:**

1. That I am not involved in any Civil / Criminal / case / proceedings / charges / enquiry prior to joining TCSL.
2. That I am not involved in any Disciplinary / malpractices and / or any other charges / proceedings / enquiry / case pending against me in any University or any other educational authority / institution prior to joining TCSL.
3. That I was not employed gainfully and / or honorary in any Organization, including Private / Public / Government / Educational Institution etc., prior to joining TCSL.

O  
R

3. That I was employed gainfully and / or honorary with ..... prior to joining TCSL. The particulars of my employment and reasons for leaving are as follows. .... The formal release letter from my said employer is attached hereto.
4. That whatever is stated above is true to my knowledge and belief and that no part of it is false. I shall be fully responsible and liable for all my acts or omissions.
5. That in case the above undertakings are found to be false, TCSL shall be within its rights to forthwith terminate my services without any liability and take such legal recourse / actions against me as it may be advised.
6. That I shall fully indemnify and protect TCSL from and against any acts or omissions attributable to me for breach hereof or otherwise, including, but not limited to, any loss, damage, or liability suffered by TCSL and / or civil or criminal action against TCSL for reasons hereof.



**ATTES TEL**

C SAMUEL, B.Sc., LL.B.  
ADVOCATE & NOTARY  
1-7-637, Shastri Nagar,  
Rammagari, HYDERABAD-20.  
Ph: 9393031034

Contd. 3

IN WITNESS WHEREOF, I have put my signature on this undertaking on this 20 day of May 2011

Signature of the Candidate:

SANDEEP V

Name of the Candidate:

DT 20/5/2011

TCSL Offer Reference No.:

Hyderabad

Place:

Date:

**1. Witness:**

Signature of the Witness:

Name:

Address:

Place:

Date:

**2. Witness:**

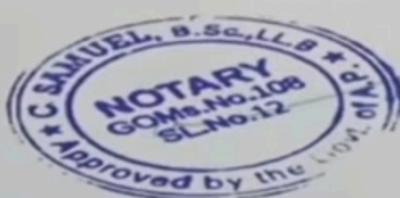
Signature of the Witness:

Name:

Address:

Place:

Date:



ATTESTED  
**C. SAMUEL, B.Sc., LL.B.**  
ADVOCATE & NOTARY  
1-7-637, Shastri Nagar,  
Ramnagar, HYDERABAD-20.  
Ph:9393031034

# **MEDICAL CERTIFICATE**

## Medical Certificate of Fitness

Please fill in the complete form, sign it and hand over to your Induction Coordinator

### To be filled by Candidate

#### Candidate's Personal Details:

Mr./Mrs./Ms./Miss/Dr. First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Gender:  Male  Female Date of birth (DD/MM/YY) \_\_\_\_/\_\_\_\_/\_\_\_\_

Contact No: (M) \_\_\_\_\_ (R) \_\_\_\_\_ Blood Group: \_\_\_\_\_

Please affix a Passport size photo here and get it attested by your consulting doctor

#### Candidate's Medical History:

Candidate's Medical Details	Yes	No	Please provide the details
Do you suffer from any defect of vision? If Yes, has it been corrected by suitable spectacles?			
Can you readily distinguish between the pigmentary colors, Red and Green?			
Do you suffer from a degree of deafness which would prevent your hearing of normal conversation and ordinary sound signals?			
Do you have any physical deformity / handicap or use any mechanical / physical assistance for mobility?			
Do you have any congenital disorder / abnormality?			
Have you ever been diagnosed to have any Psychiatric ailment including Depression, Anxiety Neurosis, Phobic Disorders, Schizophrenia, Manic Depressive Psychosis or any other Psychiatric illness?			
Have you had any form of critical illness or operation in the last two years?			
Have you ever been disqualified on medical grounds from any previous employment opportunity?			
Have you ever been diagnosed with or do you suffer from any other Medical condition that may require you to take Medical Leave over the next 12 months?			
Have you ever been diagnosed to have Cancer, Tumor, Cyst or any similar type of growth?			
Have you ever been diagnosed with an alcohol or drug abuse problem? If yes, are you on treatment for the same?			
Have you ever suffered or suffering from any of the following? (Please (✓) tick wherever applicable and provide necessary details.)			
Valve Disorders	High Blood Pressure	Stroke	
Heart Attack	Diabetes	Tuberculosis	
Angina Pectoris	Asthma	Slipped disc	
Arthritis	Obesity	Epilepsy	
Night Blindness	Hepatitis B	Hepatitis C	

Valve Disorders	High Blood Pressure	Stroke	
Heart Attack	Diabetes	Tuberculosis	
Angina Pectoris	Asthma	Slipped disc	
Arthritis	Obesity	Epilepsy	
Night Blindness	Hepatitis B	Hepatitis C	

### Candidate's Declaration:

I declare that to the best of my knowledge, the answers to the questions in this form are correct and that I am not suffering from any disease/illness, the presence of which I have not revealed. I fully understand that any misrepresentation of this declaration could lead to the termination of my offer/appointment. I have no objection to Tata Consultancy Services Ltd. seeking further information either directly from me or from my Consulting doctor or other appropriate doctor. In case of any discrepancy arising out of my declaration, I will be undergoing the medical check-up by the Company's suggested medical clinic/doctor and their findings will be fully binding on me and any action thereon towards my employment will be accepted by me.

Signed: \_\_\_\_\_

Date: (DD/MM/YY) \_\_\_\_/\_\_\_\_/\_\_\_\_

The Candidate needs to ensure that a legally qualified and registered medical practitioner with minimum qualification as M.B.B.S. completes this form. Additional sheets may be attached if more space is required.

**Note: The candidate is responsible for any costs associated with the preparation of this report.**

### To be filled by Medical Practitioner

#### Doctor's Details:

Full name (as listed on applicable state registry) \_\_\_\_\_

Registration ID: \_\_\_\_\_ Contact No: (Day time) \_\_\_\_\_

Postal Address: \_\_\_\_\_

#### Doctor's General Examination Remarks:

Weight: \_\_\_\_\_ (Kgs) Height: \_\_\_\_\_ (cms) Blood Pressure: \_\_\_\_\_ (mm hg)

Pulse: \_\_\_\_\_ (min) BMI (Calculated Value): \_\_\_\_\_

General Examination Findings: \_\_\_\_\_

Systemic Examination - CVS/RS/Abd/CNS/Others: \_\_\_\_\_

#### Doctor's Declaration:

I, certify that I have carefully examined Mr./Mrs./Ms./Miss/Dr \_\_\_\_\_ son/daughter of Mr. \_\_\_\_\_ . He/she is medically fit/unfit for employment with TCS.

Remarks: \_\_\_\_\_

Signed & Sealed: \_\_\_\_\_

Date: (DD/MM/YY) \_\_\_\_/\_\_\_\_/\_\_\_\_

## Medical Certificate of Fitness

### To be filled by Candidate

Candidate's Personal Details:

Mr./Mrs./Ms./Miss/Dr. First Name: S. Last Name: C.

Gender:  Male  Female

Date of birth (DD/MM/YY) 1/1/1980

Contact No: (M) 8100000000 (R) 011-22222222

Blood Group: B

Candidate's Medical History:

#### Candidate's Medical Details

Do you suffer from any defect of vision?

Yes  No

If Yes, has it been corrected by suitable spectacles?

Can you readily distinguish between the pigmentary colors, Red and Green?

✓

Do you suffer from a degree of deafness which would prevent your hearing of normal conversation and ordinary sound signals?

✓

Do you have any physical deformity / handicap or use any mechanical / physical assistance for mobility?

✓

Do you have any congenital disorder / abnormality?

✓

Have you ever been diagnosed to have any Psychiatric ailment including Depression, Anxiety Neurosis, Phobic Disorders, Schizophrenia, Manic Depressive Psychosis or any other Psychiatric illness?

✓

Have you had any form of critical illness or operation in the last two years?

✓

Have you ever been disqualified on medical grounds from any previous employment opportunity?

✓

Have you ever been diagnosed with or do you suffer from any other Medical condition that may require you to take Medical Leave over the next 12 months?

✓

Have you ever been diagnosed to have Cancer, Tumor, Cyst or any similar type of growth?

✓

Have you ever been diagnosed with an alcohol or drug abuse problem? If yes, are you on treatment for the same?

✓

Have you ever suffered or suffering from any of the following? (Please (✓) tick wherever applicable and provide necessary details.)

Varicose Disorders

High Blood Pressure

Stroke

Heart Attack

Diabetes

Tuberculosis

Angina Pectoris

Asthma

Slipped disc

Arthritis

Obesity

Epilepsy

Night Blindness

Hepatitis B

Hepatitis C



I declare that to the best of my knowledge, the answers to the questions in this form are correct and that I am not suffering from any disease/illness, the presence of which I have not revealed. I fully understand that any misrepresentation of this declaration could lead to the termination of my offer/appointment. I have no objection to Tata Consultancy Services Ltd. seeking further information either directly from me or from my Consulting doctor or other appropriate doctor. In case of any discrepancy arising out of my declaration, will be undergoing the medical check-up by the Company's suggested medical clinic/doctor and their findings will be fully binding on me and any action thereon towards my employment will be accepted by me.

Signed: 

Date: (DD/MM/YY) 

The Candidate needs to ensure that a legally qualified and registered medical practitioner with minimum qualification as M.B.B.S. completes this form. Additional sheets may be attached if more space is required.

Note: The consultant is responsible for any costs associated with the preparation of this report.

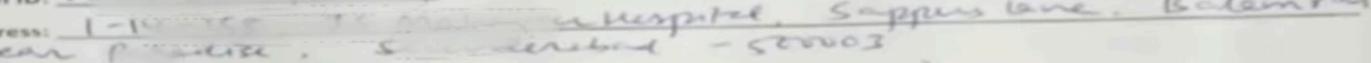
### To be filled by Medical Practitioner

#### Doctor's Details:

Full name (as listed on applicable state registry): 

Contact No: (Day time) 

Registration ID: 

Postal Address: 

#### Doctor's General Examination Remarks:

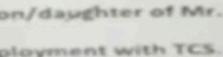
Weight:  (Kgs) Height:  (cms) Blood Pressure:  (mm hg)

Pulse:  (min) BMI (Calculated Value): 

General Examination Findings: 

Systemic Examination - CVS/RS/Abd/CNS/Others: 

#### Doctor's Declaration:

I, certify that I have carefully examined Mr./Mrs./Ms./Miss/JR  son/daughter of Mr.  He/she is medically fit/unfit for employment with TCS.

Remarks: 

Signed & Sealed: 

**DR. ANOOP MEHTA**  
MBBS, MD (Gastroenterology) DNB, FRCR (USG)  
Regd. No. APMC/FHR/BB749,  
Consultant Gastroenterologist & Critical Care Specialist

Date: (DD/MM/YY) 

# **SERVICE AGREEMENT**



తెలంగాణ తెలంగాణA TELANGANA

SL No. 363

Date

Mr. L. Chowhan  
Sec-Bad

AD 471492  
A. SEELANATH  
S/o \_\_\_\_\_ Vendor  
D.O.B. \_\_\_\_\_/\_\_\_\_\_/2011  
L.D. \_\_\_\_\_/\_\_\_\_\_/2020  
H.No. \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_  
Mobile No. 9899793342

THIS AGREEMENT made at Mumbai on this ELEVENTH day of FEBRUARY, Two thousand and <sup>th</sup> between TATA CONSULTANCY SERVICES LIMITED,

Signature of the Employee

Signature of the Surety

a company incorporated under the Companies Act 1956 (hereinafter referred to as "TCS") and having its Corporate office at TCS House, Corner of Hazarimal Somani Marg & Raveline Street, Near Sterling Cinema, Fort, Mumbai 400 001 of the First Part and **S/No. C-1 N** S/o D/o W/o **M.** **1.C.** **BN. REED** **25** years, Occupation **ANALYST**, an **Indian** **BN.** **Hyderabad, Hyderabad** having **INDIA** nationality **permanent** residing **at** **DA-500003** **BN.** **"**) of the Second Part AND **R.** **(hereinafter referred to as "The Surety") which expression shall be deemed to include** **executor, heir and administrator of the Third Part.**

WHEREAS TCS is involved in the business of problem solving or consultancy and as of present and the foreseeable future specifically in the business of Computer and Management Consultancy – offering services and products both in India and abroad. WHEREAS the possession of the above problem solving techniques and effective use of high technologies equipment can be acquired mainly through special training and / or specific on the job training ("Training").

WHEREAS the said Training is of a duration of Twelve Months and is liable to be extended by a further duration based on the performance of Mr. /Ms. **S/No. C-1** during the training, of which TCS shall be the sole judge.

WHEREAS the above mentioned Training involves considerable expenditure – both direct and indirect, financial and unliquidated – related to faculty, computer time, support facilities, Salary of Mr. /Ms. **S/No. C-1** while under Training.

WHEREAS this Training substantially improves the professional standing of Mr. /Ms. **S/No. C-1** and it has been imparted by TCS at considerable expenditure as an investment, TCS expects a commitment (elaborated below) from the employee to recover its expenditure or seek a penalty for non-fulfillment of the same.

WHEREAS the expenditure involved in imparting the said Training to Mr. /Ms. **S/No. C-1** is several times in excess of the penalty demanded from him/her.

IT IS NOW HEREBY AGREED AS UNDER:

1. In consideration of the Training to be imparted by TCS, Mr./Ms. **S/No. C-1** undertakes irrevocably to serve TCS or any of its associated or affiliated companies in which he/she may be transferred for a minimum period of 1(ONE) year (excluding Leave without pay period and/or unauthorized absence, if any) from the date of joining TCS.

**Signature of the Employee**

**Signature of the Surety**

Mr. /Ms. SA \_\_\_\_\_ is giving this undertaking in view of the considerable expenditure incurred by TCS on him/her.

2. Mr./Ms. SA \_\_\_\_\_ agrees not to take employment with any other person, firm or company during the period of applicability of this agreement.
3. By way of guarantee for due performance of all terms and conditions contained in this agreement, Mr./Ms. SA \_\_\_\_\_ provide herein below the name of his/her near relative/person in order of preference and who have consented by signing herein below to stand as Surety on his/her behalf to ensure compliance of the aforesaid covenant, and that in the event of failure/neglect by Mr./Ms. SA \_\_\_\_\_ to fulfill any of the terms of this undertaking of which TCS shall be the sole judge the surety shall be liable to pay TCS Rs.50,000 (Rupees Fifty Thousand Only) as compensation with interest thereon as applicable and the Surety hereby agree, confirm and accept that the Surety shall be liable jointly and severally with Mr./Ms. SA \_\_\_\_\_ to pay the same to TCS.

Name, Address, Occupation (of the Surety)

Mr. S. A. \_\_\_\_\_  
Hindustan Ltd.  
Cuttack  
Orissa  
Pin - 753 001

4. In the event of any dispute or disagreement over the interpretation of any of the terms hereinabove contained or any claim of liability of any part including the Surety the same shall be referred to a person to be nominated by TCS whose decision shall be final and binding upon the parties hereto. Such reference shall be deemed to a submission to arbitration under The Arbitration and Conciliation Act, 1996 or of any modification or re-enactment thereof. The venue of arbitration shall be Mumbai.

S  
Signature of the Employee

S  
Signature of the Surety

5. During the period of 1(ONE) year (excluding Leave without pay period and/or absence, if any) from the date of joining, if Mr./Ms. [REDACTED] leaves/resigns/abandons the [REDACTED] or violates the terms of this Agreement, Mr./Ms. [REDACTED] will have to pay liquidated damages amounting to Rs.50,000 (Rupees Fifty Thousand Only) and give Three calendar months' written notice or salary in lieu thereof. Mr./Ms. [REDACTED] agrees that the said amount of Rs.50,000/- can be recovered/adjusted by TCS from the legal dues, if any, payable to him. On being absorbed as an Employee of TCS, after completion of the said Training period, TCS would be entitled to terminate the services of the Employee with Three Calendar Months' written notice during the tenure of service agreement.

The provisions stated herein for breach by Mr./Ms. [REDACTED] of the provisions of this agreement shall be without prejudice to other remedies available to TCS.

ADDRESS FOR THE PURPOSE OF SERVICE:

6. All communications between Mr./Ms. [REDACTED] or TCS and Surety shall be deemed to have effectively served if addressed to the following address:

TCS (TATA CONSULTANCY SERVICES LIMITED) at:

TCS HOUSE, Corner of Hazarimal Somani Marg & Raveline Street, Near Sterling Cinema, Fort, Mumbai 400 001.

(Dr./Mr./Miss/Mrs.) [REDACTED]

(At) [REDACTED]

Surety(Dr./Mr./Miss/Mrs.) [REDACTED]

(At) [REDACTED]

Signature of the Employee

[REDACTED]  
Signature of the Surety

Any change in the above addresses of any of the concerned parties i.e. TCS, Mr./Ms. [REDACTED] or Surety, shall be intimated to the other parties by the party whose address has changed within a period of seven days of such change. If no such change has been intimated or received, the addresses mentioned above shall be deemed to be the addresses of the concerned parties.

As a token of his/her consent, he/she has signed this agreement as surety : ) R [REDACTED]

Dated this: [REDACTED]  
Signed and delivered by Mr./Ms: SAI [REDACTED]

Accepted for and behalf  
OF TATA CONSULTANCY SERVICES LIMITED)  
By their constituted Attorney )

[REDACTED]  
Signature of the Employee

[REDACTED]  
Signature of the Surety

### Surety Verification

This is to certify that I, \_\_\_\_\_ (Name of the Surety) am standing surety for \_\_\_\_\_ (Name of the Employee) who \_\_\_\_\_ is my \_\_\_\_\_ FRIEND \_\_\_\_\_ (Relationship). Mr. /Ms. \_\_\_\_\_ (Name of the Employee) has joined TATA Consultancy Services Ltd. On \_\_\_\_\_ (Employee's date of joining) and executed an agreement on \_\_\_\_\_ (Candidate's date of joining). In the event that Mr./Ms. \_\_\_\_\_ (Name of the Employee) does not fulfill the terms of the agreement, I guarantee and will be liable to the liquidated damages of Rs.50,000/-. My permanent address is as follows:

Name (of the Surety): \_\_\_\_\_

Address (of the Surety):  
H.No. 12, 2nd floor, Ramnagar, Hyderabad - 500026

Phone (of the Surety): \_\_\_\_\_

(With country and area code)

(Signature of the Surety)

(Signature verification by competent authority)

Office Seal:

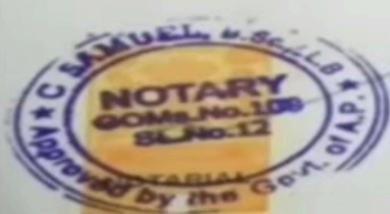
Signature:

Designation:

Date:

Name:

Office:



ATTESTED

C. SAMUEL, B.Sc., LL.B.  
ADVOCATE & NOTARY  
1-7-637, Shastri Nagar,  
Ramnagar, HYDERABAD-20.  
Ph: 9393031034

28 JAN 2021