

This Non-Disclosure Agreement shall be valid during the whole term of the order and shall remain in force after the termination thereof as long as the information becomes public knowledge.

Should I violate any provision of this Non- Disclosure agreement is shall pay Marquis Technologies Pvt Ltd as liquidated damages the amount of Euro 100,000/- (One Hundred Thousand Euro Only). I fully understand and agree that the payment of this liquidated damages would not be sufficiently remedy for any breach of obligations under this Non- Disclosure agreement and Marquis Technologies Pvt Ltd shall also be entitled to specific performance and injunctive relief as well as to consequential, special, incidental, punitive or indirect cost, damages or expenses of any kind and compensation for loss of profit, business or goodwill as remedies for any such breach. Payment of the liquidated damages does not release me from obligation under this Non-

I hereby give my consent to Marquis Technologies Pvt Ltd or third parties to process my personal data as deemed appropriate and necessary in the operations of Marquis Technologies Pvt Ltd in connection to the purpose of the Non-Disclosure agreement and undertakings related to it. This process will be done in compliance with Marquis Technologies Pvt Ltd guidelines and applicable legislation. I acknowledge that as a global company, Marquis Technologies Pvt Ltd has international sites throughout the world and to the extent necessary the personal data related to me be sent to any site within Marquis Technologies Pvt Ltd. I hereby give my consent that my personal data being transferred and processed electronically by third parties or on servers located outside of the country where I originally entered the information. Any transferring and processing of personal data is done under the direct authority of Marquis Technologies Pvt Ltd and under a strict confidentiality obligation and by protected technical means.

Place: Hyderabad

Date: 29-05-2024

Signature of Deputed Personnel: M. Lekethiy.

Name in BLOCK LETTERS: JEEVARATHINAM. M

Candidate Information Form

	PERSONAL DETA	ILS			
Name of Applicant: Surname	Middle M		First		
Date of Birth (dd/mm/yy): 05/07/199	13		•		
sex: Male					
Father's Name: Muniq appan.	P				
Home Phone: 979168 2985 Office Phone:	Мо	obile: 9	677992	407	
EMPLOYMENT RECORD: Starting with your present or most	t recent employer, p	lease list	last 2 employment	s. When listing	consulting or
emporary assignments, under "Employer", state the n Complete and accurate dates (month/year) must be pro	ame of the consulting	ng or tem	porary agency that	placed you at t	he client site.
A CONTRACTOR OF THE PARTY OF TH	ovided.				
EMPLOYER 1 (Current):	Employee I	ld:	From (mm/yy):	To (mr	n/yy):
TeamLease Digita Put I to	1 242971	08 8	25/2029	2-10	0011
treet Address:	1040111	0.0	Employer's	Remuner	ation/Salary:
oth floor, BMTE commercia	al Complex	41	Phone No.:	238	14 RS
ity states	sangalore.g	60 095	8951337	993 3.3	O LPA
Coxamangala kannataka	Country:	1	Pos	tal Code:	
ob Title:	Reason for lea	nasa	A Tellison of the Control of the Con	56	0095
Customer Suproxt Enginee	7	lving:		From	-
mployment Status: (Please check the relevant box	Supervisor's D	etails:	MU OI	O (4 OW) II	1
Full Time	TO LONG THE PARTY OF THE PARTY		Property of the second		
☐ Contract /Through Outsourcing Agency	Name:		Alay N	looli	
_ contract / fillough Outsourcing Agency	Title:		Lina n	Nama a a l)
Outsourcing Agency Details:	Phone No.:		989011	Q F28	
lame:	E-mail id:		10 10 10	5300	
ddress:	(Preferably offi				
el No.:	HR Manager's	Details:			
escription of Duties:	Name:		_		
1	Phone No.:		89513 3	7993	
	E-mail id:		0000		1 1
IMS lest Engineer my			B / / 17 \ I / /	VIIIA ALOPAL	
ily autilities involved automer shi	(Preferably offi	icial)	Loolar.	maace	teom lea
wily autivities in the addition phil	ns (Preferably offi	icial)	Poola.	Miriance	Teom lea

All details are compulsory

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EMPLOYER 2:	Employee Id:	From (mr	n/yy):	To (mm/γy):
Decon Telecom Solutions put street Address: Plot No: 116, 188 flooded Phase-4, Vanyog Vinas, Sector-	: DI-4118	oct a	080	May 2021
Street Address: Plan No! 116 1857 12011	,	Employer's Ph	one No.:	Remuneration/Salary:
Phase-4, Valryog Vihas, Sector-	18			
City.	State:	Country:	Post	tal Code:
Gurgan	Hasyana	India		22015
Job litle:		Reason for le		· IL
DT Engineer		Can	ier C	rowth
Employment Status: (Please check the relevant box)	Supervisor's	Details:	J
Full Time		Name:	Michael	nu
Contract /Through Outsourcing Agency		Title:	4	
		Phone	Mana	ge)
Outsourcing Agency Details:		No.:	2-10	2777 109
Name:		E-mail id:	0512	01171
Address:		(Preferably		
Tel No.:		official)		
	The	HR Manager'	s Details:	Las inches
		Name:		
Description of Duties:	A Temperature Committee Co	Phone		
1. D : TI + FIGURATI II	and all	No.:		
As. Drive Test Engineer wover Tomis I radu, chenna	Sound of Cold	E-mail id:	hand	aconalohal
Olon Tamis Iradu, Chenna	1 project.	(Preferably		econglobal ons. com
10		official)	Soluti	me. com
Testing is performed using s	periouza ted	moly y		
client's Aixtel.	The same of the sa	10		

All details are compulsory

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M. LuPuthiy.

EMPLOYEES' PROVIDENT FUND ORGANISATION

Employaes' Provident Funds Scheme, 1952 (Paragraph 34 & 57) &

Employeee' Pension Schome, 1995 (Paragraph 24)

(Declaration by a person taking up employment in any establishment on which EPF Schema, 1952 and /or EPS, 1995 is applicable)

	flame of the member	11.
1	name of the memor.	M. Jewanathiram
2	Father's Name Spouse's Name	0 00 1
	(Please tick whichever is applicable)	P. Muniyappan
3.	Date of Birth: (DD / MM / YYYY)	05/07/1993
4	Gender: (Male/Female/Transgender)	male
5	Marital Status (Married/Unmarried/Widow/Widower/Divorce2)	Married
0	(a) Email IO;	
	(b) Mobile No.: Whether parties a member of Employees' Provident Fund Schenie,	Yes / No
7	1062	1
8	Whether earlier a member of Employees' Pension Scheme, 1995	Yez / No
-	Previous employment details: [if Yes to 7 AND/OR 8 above	1
	a) Universal Account Number:	101821693727
	b) Previous PF Account Number:	DV 180M 11722 64110001002000
9	c) Date of exit from previous employment: (DD/MM/YYYY)	28-05-2024
	d) Scheme Certificate No. (if issued)	
	e) Pension Payment Order (PPO) No. (if Issued)	
-	a) International Worker:	Yes / No
	b) If yes, state country of origin (India/Name of other country)	
10	Control of the Contro	221-50058
	d) Validity of passport [(DD/MM/YYYY) to (DD/MM/YYYY)]	[07/08/2017) to (86/08/2027)
- 200	KYC Details: (attach self attested copies of following KYCs)	
, 11	a) Bank Account No. & IFS Code	17701550000283518 KVBL0001
	b) AADHAR Number	507137645681
	c) Permanent Account Number (PAN), if available	BDBPJ6858E
	April 2	NDERTAKING
	11: Certified that the particulars are true to the best of my knowledge. 22: I authorize EPFO to use my Aadhar for verification/authentication/e 23: Kindly transfer the funds and service details, if applicable, from the (The transfer would be possible only if the identified KYC detail app using his Digital Signature Certificate) 40: In case of changes in above details, the same will be intimated to e	previous amployer has been verified by present employer
	Daile: 207-05-2024	Signature of Member
		N BY PRESENT EMPLOYER
	10(15)	ned on and has been aliotted PF Number
	B. In case the person was earlier not a member of EPF Scheme, 1	1952 and EPS, 1995:
	 (Post allotment of UAN) The UAN allotted for the medical process. Please Tick the Appropriate Option: The KYC details of the above member in the UAN Have not been uploaded Have been uploaded but not approved 	ember isdatabase
	C. In case the person was earlier a member of EPF Scheme, 195. The above PF Account number/UAN of the member a Member ID as declared by member. Please Tick the Appropriate Option: The KYC details of the above member in the UAN	N database have been approved with Digital Signature Certificate and lith EPFO, the member has been informed to file physical claim (Form-

Signature of Employer with Seal of Establishment

Date:

EMPLOYER 3:	Employee Id:	From (m	m/yy):	To (mm/yy):
Pyno Holdings Pvt. Ltd			2/2017)	(10/2020)
Street Address:	0.	Employer's Pl	hone No.:	Remuneration/Salary:
NAC Campus Display &	Sui ding 2nd for	,		
city: Izzath hougar,	State:	Country:	Pos	tal Code:
tondabily	the de la bad	Indi	a	500084
Job Title:	Journal	Reason for	leaving:	,
Engineet				E SPECIO
Employment Status (Please check the relevant box)		Supervisor's	Details:	and the same of th
Full Time		Name:	Sari	om 120
Contract /Through Outsourcing Agency		Title:	man	ages
		Phone	0.015	02922
Outsourcing Agency Details:		No.:	71213	13222
Name:		E-mail id:	Dani	ect Completed
Address:		(Preferably	1 100	ac ar g
Tel No.:	and the factor of the same of	official)		10.00
	and the second	HR Manage	r's Details:	
		Name:	Moha	mmed (Rasoo)
Description of Duties:	A Property	Phone	- 0	
al along the paterock De	entormounce	No.:	949	2547168
Cheeking The network P	and the	E-mail id:		1 1 00
of the cell site by mag	iswing the	(Preferably	nasor	Imohammed 70
parameters, using fixed	postable ter	official)		gmay lo
I measuring equipme	NT.	W. D.	Chican	U

All details are compulsory

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DECLARATION & LETTER OF AUTHORIZATION

- I certify that the statements made in this application are valid and complete to the best of my knowledge. I
 understand that false or misleading information may result in termination of employment.
- If upon investigations, any of this information is found to be incomplete or inaccurate, I understand that I will be subject to dismissal at any time during my employment.
- I hereby authorize the Company and/or any of its subsidiaries or affiliates and any persons or organizations acting
 on its behalf (TP), to verify the information presented on this application form and to procure an
 investigative report or consumer report for that purpose.
- I hereby grant authority for the bearer of this letter to access or be provided with full details of my previous records. In addition, please provide any other pertinent information requested by the individual presenting this authority.
- I hereby release from liability all persons or entities requesting or supplying such information.
- I authorize the Company to contact my present employer. Ves
- I have read, understand, and by my signature consent to these statements.

SIGNATURE: M. Juliumy

NAME (IN BLOCK LETTERS): JEEVARATHINAM.M

DATE: 29-05-2024

DOCUMENTS REQUIRED (COMPULSORY)	ATTACHED YES / NO
Copy of all past Employment Appointment & Relieving Letters / Salary Slips with employee code	YES

All details are compulsory

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100	more	P	
247	KYC	LACI	ARLS

NAME AS ON KYC DOCUMENT	Number	REMARKS, IF ANY
	k 1770155000	283519 KVBLC
AADHAAR	507137645681	
PAN	BDBPJ6858E	
PARPORT	P2450058	Ex Reinin
		Excastra
		Karus Vysya Bank 1770155000

70

Mandatory Field (Note: Bank Account NUMBER (ALONG WITH IFSC CODE) IS MANDATORY. YOU ARE HOWEVER ADVISED TO PROVIDE ALL KYC DOCUMENTS AVAILABLE WITH YOU IN ADDITION TO MANDATORY KYCS TO AVAIL SETTER SERVICES. SELF-ATTESTED PHOTOCOPIES OF THE DOCUMENTS MUST BE ATTACHED WITH THIS FORM.

C. UNDERTAKING:

- A. I CERTIFY THAT ALL THE INFORMATION GIVEN ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.
- B. IN CASE, EARLIER A MEMBER OF EPF SCHEME, 1952 AND/OR EPS, 1995,

(I) I HAVE ENSURED THE CORRECTNESS OF MY UAN/ PREVIOUS PF MEMBER ID.

(II) THIS MAY ALSO BE TREATED AS MY REQUEST FOR TRANSFER OF FUNDS AND SERVICE DETAILS IF APPLICABLE FROM THE PREVIOUS ACCOUNT AS DECLARED ABOVE TO THE PRESENT P.F. ACCOUNT. (THE TRANSFER WOULD BE POSSIBLE ONLY IF THE IDENTIFIED KYC DETAILS APPROVED BY PREVIOUS EMPLOYER HAS BEEN VERIFIED BY PRESENT EMPLOYER USING HIS DIGITAL SIGNATURE CERTIFICATE).

(III) I AM AWARE THAT I CAN SUBMIT MY NOMINATION FORM THROUGH UAN BASED MEMBER PORTAL.

DATE: 0	9-05-2024 Hyderabad		M. Tulli SIGNATURE OF MEMBER
A	DECLAR	ATION BY PRESENT EMPLOY	/ER
A. HE	MEMBER Mr./Ms./Mrs	HAS JOINED ON	AND HAS BEEN ALLOTTED PF MEMBER ID
A STATE OF THE PARTY OF THE PAR	ASE THE PERSON WAS EARLIER NOT A M (POST ALLOTMENT OF UAN) THE U PLEASE TICK THE APPROPRIATE OF THE KYC DETAILS OF THE ABOVE N HAVE NOT BEEN UPLOADED HAVE BEEN UPLOADED BUT HAVE BEEN UPLOADED AND	PTION: MEMBER IN THE UAN DATABASE NOT APPROVED	1995:

IN CASE THE PERSON WAS EARLIER A MEMBER OF EPF SCHEME, 1952 AND EPS, 1995:

- THE ABOVE MEMBER ID OF THE MEMBER AS MENTIONED IN (A) ABOVE HAS BEEN TAGGED WITH HIS/HER UAN/PREVIOUS MEMBER ID AS DECLARED BY MEMBER.
- PLEASE TICK THE APPROPRIATE OPTION:-
 - THE KYC DETAILS OF THE ABOVE MEMBER IN THE UAN DATABASE HAVE BEEN APPROVED WITH DIGITAL SIGNATURE CERTIFICATE AND TRANSFER REQUEST HAS BEEN GENERATED ON PORTAL.
 - AS THE DSC OF ESTABLISHMENT ARE NOT REGISTERED WITH EPFO, THE MEMBER HAS BEEN INFORMED TO FILE PHYSICAL CLAIM (FORM-13) FOR TRANSFER OF FUNDS FROM HIS PREVIOUS ESTABLISHMENT.

DATE:

SIGNATURE OF EMPLOYER WITH SEAL OF ESTABLISHMENT

Page 3 of 3

In Case of Emergency Form	It is the responsibility of every employee to inform HR Department regarding any changes.		
I, GENER	AL INFORMATION		
Employee Name:	Gender:	Date of Birth: O 5 - 07 - 1993	
Current Address: Son Ramanapu Roman Huput, Hyderal Permanent Address:	vrem Colony,	City: State: Hydereshod, Telemaana	
Permanent Address: Vernagoundanpatty, kadarus Please provide your Family I	10th bours Cot	City: State:	
Muniyappan	(* 3.2 5.1 6.7 5.1 5.1	Relationship: father	
Phone: 9791682985	Address: Veragoo	indanpatty, kadavar,	
Name: Pon magushuari . 61	ewill 1 jair	Relationship: Spowl	
Phone: 7708741751	Address: Veelago	inderspatty, todaus,	
Name: Gropi. M	Lono, Jan	Normali . 621315 Relationship:	
Phone: 9894257827	Address: Veerag	oundanpotti kodavur, mi[nodu, 621 315	
Name:		Relationship:	
Phone:	Address:	-	
Name:		Relationship:	
Phone:	Address:		
Name:		Relationship:	
Phone:	Address:		
Name:		Relationship	
Phone	Address:		
Name:		Relationship:	
Phone:	Address:		

M. Lu Puthiy.

Pa1				
	details of any of you			
Name: Brambiah	Location: JNTV, Hyderbad	Profession:		
Home Phone: ,	Work Phone:	Cellular Phone:		
	9740393036			
Name:	Location:	Profession:		
Home Phone:	Work Phone:	Cellular Phone:		
Name:	Location:	Profession:		
Home Phone:	Work Phone:	Cellular Phone:		
IN CASE OF EME	RGENCY PLEASE CON	TACT		
Name:	Relationship:			
Home Phone:	Work Phone:	Cellular Phone:		
Name:	Relationship:			
Home Phone	Work Phone	Cellular Phone:		
Preferred Hospital:				
Physician's Name	Specialist Name:	Dentist Name:		
Phone:	Phone:	Phone:		
List all medications that you are taking (prescription and over the counter). If necessary include the reason of medication:				
List allergies to medicine, food or other allergens, and any medical information such as physical impairments and assistive devices, that emergency personal need to be aware of, attach documentation is necessary:				
	TOD EMEDCENCY ME	DICAL TREATMENT		
II. SIGNATURE AND CONSENT	FOR EMERGENCI ME	Date Signed:		
Employee Signature: M. Jucket	hig.	29-05-2024		

m. Lubuthig.

(FORM 2 REVISED)

NOMINATION AND DECLARATION FORM FOR UNEXEMPTED/EXEMPTED ESTABLISHMENTS

Declaration and Nomination Form under the Employees Provident Funds and Employees Pension Schemes (Paragraph 33 and 61 (1) of the Employees Provident Fund Scheme 1952 and Paragraph 18 of the Employees

Pension Scheme 1995)	
1. Name (IN BLOCK LETTERS): Jewalathinen, M Father's name: Musi yappan. P	
Name Father's / Husband's Name U Surname	
2. Date of Birth: 05 37/1913 3. Account No. 1770155000028,351	
4. *Sex : MALE/FEMALE: MALE 5. Marital Status Merry 130	1
6. Address Permanent / Temporary: Vcoragounday partly, kadama, (Tk), Karullan, Tami) hadu - 621315)
Tami) hader - 621315	

PART - A (EPF)

Thereby nominate the person(s)/cancel the nomination made by me previously and nominate the person(s) mentioned below to receive the amount standing to my credit in the Employees Provident Fund, in the event of my death.

Name of the Nominee (s)	Address	Nominee's relationship with the member	Date of Birth	Total amount or share of accumulations in Provident Funds to be paid to each nominee	If the nominee is minor name and address of the guardian who may receive the amount during the minority of the nominee
1	2	3	4	5	6
Muni yerppan	n party	father	02/01/	73 36%	
Ponmayesha	on verous	wife	26/08/1	70 %	

- *Certified that I have no family as defined in para 2 (g) of the Employees Provident Fund Scheme 1952 and should I acquire a family hereafter the above nomination should be deemed as cancelled.
- * Certified that my father/mother is/are dependent upon me.

Strike out whichever is not applicable

gnature/or thumb impression of the subscriber

PART - (EPS)

Para 18

I hereby furnish below particulars of the members of my family who would be eligible to receive Widow/Children Pension in the event of my premature death in service.

Sr. No	Name & Address of the Family Member	Age	Relationship with the member
(1)	(2)	(3)	(4)
			,
	- 1		

Certified that I have no family as defined in para 2 (vii) of the Employees's Family Pension Scheme 1995 and should I acquire a family hereafter I shall furnish Particulars there on in the above form.

I hereby nominate the following person for receiving the monthly widow pension (admissible under para 16 2 (a) (i) & (ii) in the event of my death without leaving any eligible family member for receiving pension.

Date of Birth

Relationship with member

Name and Address of

the nominee

Date	
	Signature or thumb impression of the subscriber
CERTI	IFICATE BY EMPLOYER
Certified that the above declaration and no	omination has been signed / thumb impressed before me by Shri / Smt./
Missread the entries / the entries have been read over to him/l	employed in my actablish
Date :	Signature of the employer or other authorised officer of the establishment
Name & address of the Factory (Establishment	Place:

Date:

m. Lukthy

EMPLOYEE MEDICAL SELF DECLARATION FORM

Please specify if you're having health issue: YES/NO \(\nabla_0\) If yes, please specify in detail:
Suffering from any chronic diseases: YES/NO NO If yes, please specify in detail:
Undergoing any Medical Treatment: YES/NO NO If yes, please specify in detail:
I, JEEVARATHINAM. M of Vernagowndanpatty, dadav wn (The (Applicant's Name) (Applicant's Address) karun (Dt).
Agree as an applicant being a fit and proper person and able to perform the inherent requirements of the position. I do sincerely declare that the contents of this form are true and correct and complete to the best of my knowledge and no information concerning my past or present state of health has been withheld. I understand that any wilfully incorrect or misleading answer or material omission which relates to any of the questions before mentioned may make me ineligible for employment, or if employed, liable to disciplinary action which may include dismissal. I understand that this pre-employment health declaration may form part of my file. I also voluntarily and freely consent to sharing of the above personal information in relation job employment to Marquis Technologies Pvt. Ltd
Applicant's signature M. Leeluthiy Date 29-05-2024

AGREEMENT

THIS AGREEMENT IS MADE ON THE 20 DAY OF 0 5 2024

BETWEEN

MARQUIS TECHNOLOGIES, a company registered under the laws of India, having its registered office Unit 804/805, Rupa Solitaire Park, Sector 1, Plot 2, 8th Floor, Millennium Business Park, Mahape, Navi Mumbai, 400710, India, represented by its Authorised signatory Mr. S. S. Jain hereinafter referred to as Marquistech.

AND

Mr. Jewanathinam. P s/o Muniyappan. P

having permanent residence address at

Verragoundapathy, badavur(Tk1, karur (Dt)

62/3/15

and temporarily residing at Sai Ramanapwigm

colony, Ramanthapur, Hyderabed

and employed with Marquistech as

TEST Engineer (Designation) based at Navi Mumbai hereinafter referred to as the

Employee.

m. Tuluthig.

NOW THIS AGREEMENT WITNESSETH AS FOLLOWS:

I. DEFINITIONS.

Unless and otherwise the context if so requires, the following expressions shall deem to have the synonymous meaning as stated below:

Training Programme: "Training Programme" reffered to as TP for brevity would mean and includes the complete Academic and Practical training program that is to be implanted to the employee.

Area of Training: Would mean and include the subjects on which Employee is trained upon, the subject of Training shall vary from case to case as desired by the client of Marquistech as per its project requirement.

Client: Would mean and include any Customer, Client for which MARQUISTECH is providing services as per their terms and conditions.

Date of Agreement: The Last date of Signing this Agreement.

2. OBJECTIVE OF THE AGREEMENT

2:1The objective of this TP [Training Programme] is to impart with the EMPLOYEE a high level competence to perform fulfill his/her duties as a Test Engineer with the client of MARQUISTECH.

2:2 High competence of the EMPLOYEE with his/her specialist knowledge in the Area of Training they are trained upon will be utilized by MARQUISTECH in every respect for MARQUISTECH to stay competitive in the future.

3. TP Venue

3:1Unit 804/805, Rupa Solitaire Park, Sector 1, Plot 2,8th Floor, Millennium Business Park, Mahape, Navi Mumbaj - 400710, India

4. AREA OF TP

The EMPLOYEE shall be imparted with a high level training in Tools, common and or Client specific and all relevant subjects that would include be necessary to execute his duties as a **Test Engineer** (Designation).

5. PERIOD OF TP

5:1The Period of the TP would be for a period of Six Months from the date of joining.

5:2 The period of the TP may be extended or may also be completed before the said period of Six Months. The EMPLOYEE is expected to extend his full-fledged Co-operation to successfully complete the TP in any situation of the above as the case may be.

M. Lufuthy.

6. FINANCIAL COVERAGE OF THE TP

6:1 This TP imparted by MARQUISTECH through its Client to the EMPLOYEE shall cost MARQUISTECH a sum of Rs 100,000/- (Rupees One Lakh only).

6:2 The above mentioned expenses shall be completely covered by MARQUISTECH and the EMPLOYEE is absolutely free of the above and any other expenses except whichever is specifically notified to the EMPLOYEE by MARQUISTECH.

7. ACCOMPLISHMENT OF TP AND PERFORMANCE OF THE EMPLOYEE

7:1 The EMPLOYEE on successful completion of the TP shall continue his services to MARQUISTECH for a period of one years to the best of his ability, and to the satisfaction of the superiors in order to promote the interest of MARQUISTECH.

7:2 The EMPLOYEE shall impart with the skills and knowledge acquired by him/her as a result of the TP to his subordinates and shall be expected by MARQUISTECH to train a team of personnel.

8. FIDELITY AND CONFIDENTIALITY BY THE EMPLOYEE

8:1 The EMPLOYEE shall well honestly and faithfully perform and discharge his duties with the Client of MARQUISTECH as a Test Engineer with utmost care and diligence continuously for a period of 1 years from the date of signing of this Agreement.

8:2 After completion of the One years term Employee is at liberty to take up employment with any other organization other than the Clients of MARQUISTECH or its affiliates, either directly or through any other vendor or sub contractor of the Client for a period of One years from the date of expiry of this agreement, without the prior written consent of MARQUISTECH. This clause shall survive the expiration or determination of this agreement to the length of time period as detailed above. For clarity, MARQUISTECH shall be empowered to enforce this agreement even after the expiration of this agreement for the limited purpose of this clause.

8.3 MARQUISTECH through its Client shall impart with the EMPLOYEE a specialized training in the TP on various subjects that would update the EMPLOYEE of Tools and all Testing competencies, but underlining that the same shall be truly kept very confidential by the EMPLOYEE and not to be disclosed or divulged to anyone in any form directly or indirectly unless otherwise the EMPLOYEE is licensed to do so by MARQUISTECH

9. INDEMNITY AND DAMAGES BY EMPLOYEE

9:1 The EMPLOYEE shall at all times hereafter keep MARQUISTECH and its assigns indemnified against all losses, costs, damages and expenses, which MARQUISTECH or its assigns may pay, sustain or accrue or be put unto by reason of its taking the said EMPLOYEE into the TP and

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thereafter on the employment, by reason of any act, embezzlement, mismanagement, neglect, or default and also breach of this Agreement for a period of one years.

9:2 The EMPLOYEE hereby agrees to compensate and pay to MARQUISTECH a sum of Rs.1,00, 000 - [Rupees One Lakh Only] as damages if he/she fails to be in the rolls of MARQUISTECH and render his her services towards MARQUISTECH continuously for a period of One Years from the date of signing of this Agreement.

9:3 The Damages payable by the EMPLOYEE to MARQUISTECH in the event of determination of his/her services as stated in Clause 11:2 above is calculated in pro-rata basis whereby the sum of Damages considerably reduces to Rs.50,000/- [Rupees Fifty Thousand Only] if the EMPLOYEE has successfully completed six months of services with MARQUISTECH from the date of signing of this Agreement and prefers to determine his services from the Third year of his services from the date of signing of this Agreement.

9:4 The Damages may also proportionately vary in the event of breaching any of the covenants of this Agreement that may incur loss or expenses to MARQUISTECH in any manner be it cash or kind caused due to the willful acts of the EMPLOYEE.

9:5 MARQUISTECH reserves its rights solely to decide so as to amount of Damages payable by the EMPLOYEE with respect to Clause 11:3 above which shall be the sole discretion of MARQUISTECH.

9:6 In the event of the EMPLOYEE finds himself/herself a subsequent placement in another company / organization during the period of the contract, which amounts to severe breach of this contract, irrespective of claiming the damages as aforementioned MARQUISTECH reserves its right to keep the subsequent management/Board of the company/ organization informed about this contract and the breach committed by the EMPLOYEE and shall deprive his/her placement until the breach committed by the EMPLOYEE is remedied by him/her.

10. INDEPENDENCE OF EMPLOYEE

It is agreed between the EMPLOYEE and MARQUISTECH that unless otherwise specifically mentioned and agreed the EMPLOYEE is absolutely independent of this Agreement on his successful completion of One years of Service with MARQUISTECH from the date of signing of this Agreement except to be employed to with any of MARQUISTECH's clients directly or through any other vendor/subcontractor of the client for a period of One years from the date of expiration of this agreement. Thereafter the EMPLOYEE and MARQUISTECH shall operate and shall continue to operate, for their own account and nothing in this Agreement is intended or shall be construed to a authorize either party to create or assume any Liability or indebtedness of any kind in the name of, or on behalf of the EMPLOYEE or MARQUISTECH or to act for or be responsible for the performance of the other party in any manner.

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11. TERM AND DETERMINATION

11:1This Agreement shall be in full force and effect continuously for a period of One years from the date of signing of this Agreement for the purpose of this agreement and shall be valid and subsisting for a period of One years from the expiration as mentioned above for the purpose of Clause 9.2 and thereafter would cease to exist without binding or liability either on the part of the EMPLOYEE or MAROUISTECH.

11:2 The EMPLOYEE under abnormal and unprecedented circumstances that would force him/her with no other option other than determining this Agreement shall be at the liberty to determine this Agreement, but shall do so only with the mutual consent and satisfaction of MARQUISTECH, or shall determine this Agreement after he/she compensates and pays MARQUISTECH with the requisite Damages as applicable as per this Agreement during the tenure of this Agreement.

11:3 MARQUISTECH reserves its right to terminate this Agreement at any time from the date of signing of this Agreement without assigning any reason whatsoever. Under these circumstances either of the parties shall be at no compulsion to indemnify of compensate each other with any Damages or cost of any kind.

12. AMENDMENT

Any Amendment to be carried out in this agreement shall be in writing and executed by the parties hereto and shall be done and effected so, as MARQUISTECH may think deem fit from time to time.

13. JURISDICTION

In the event of any disputes arising between the parties in the context and tenure of this Agreement then the same shall be resolved internally failing which the parties hereto mutually agree to submit the same to the exclusive jurisdiction of the Courts at Mumbai only.

14. ENTIRE AGREEMENT

This Agreement inclusive of the attachments constitutes the Entire Agreement between MARQUISTECH and the EMPLOYEE concerning the subject matter hereof, supersedes all prior communications or Agreement, written or oral if any, between the parties hereto.

IN WITNESS WHEREOF BOTH THE PARTIES HAVE SET THEIR HANDS AND SEAL ON THE DAY, MONTH AND YEAR FIRST HEREIN ABOVE MENTIONED

FOR MARQUIS TECHNOLOGIES

EMPLOYEE NAME: JEEVARATHINAM. IL SIGNATURE: M. Lenduttig.

AGREEMENT

THIS AGREEMENT IS MADE ON THE 20 DAY OF 0 5 2024

BETWEEN

MARQUIS TECHNOLOGIES, a company registered under the laws of India, having its registered office Unit 804/805, Rupa Solitaire Park, Sector 1, Plot 2, 8th Floor, Millennium Business Park, Mahape, Navi Mumbai, 400710, India, represented by its Authorised signatory Mr. S. S. Jain hereinafter referred to as Marquistech.

AND

Mr. Jewanathinam. P s/o Muniyappan P

Neviagoundapaty, badavuilth, taruil (Dt)

6273 15

and temporarily residing at Szü Ramana pullan

colony, Ramanthapul, tyderabeid

and employed with Marquistech as

TEST Enginee (Designation) based at Navi Mumbai hereinafter referred to as the

Employee.

m. Tubuthiy.