

# ANS AI MINDS

## Acknowledgment Form

I hereby acknowledge that I have read, understood, and agreed to comply with the policies and guidelines set forth by **ANS AI MINDS**.
I understand that failure to adhere to these policies may result in appropriate action as per company policies.

Furthermore, I authorize **ANS AI MINDS** or any of its designated representatives to verify any necessary information related to my background,
including but not limited to education and employment details. I release all parties providing such information from any liability in doing so.

I confirm that all information furnished by me is accurate and truthful to the best of my knowledge.
I understand that any misrepresentation or false information provided by me may lead to corrective action,
including possible termination of my association with **ANS AI MINDS**.

\*\*Full Name\*\* (In Capital Letters Only): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\*\*Date\*\* (DD/MM/YYYY): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\*\*Signature\*\*: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_