

# **IAESTE India- LC MUJ**

The International Association for Exchange of Students for Technical Experience

# TRAINEE FORM

(To be returned at least two weeks before your arrival in India)

Name: Vibtoria Banse	
Sex: temale	
Nationality: Got man	
University (name of the university/institute the trainee is studying in):	
Technical University of	
Clausthal	Total Control
Address of university:	
Adolph - Roemer - Strasse 2A	
38678 Claushal - Zellesfeld	
Department/specialization:	
Department/specialization:  Passport Number: CHJFNRYR82	
Department/specialization:  Passport Number: CHJFNRYR82	u
Department/specialization:	
Passport Number: CHJFNZYZ8Z  Period of internship: 27th July to 18th September	
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Passport Number: CHJFNRYR82  Period of internship: 27th July to 18th September  Visa Application to:	Dibtor a Bar

# ACCEPTANCE DOCUMENTS



IAESTE India LC MUJ

Viktoria Banse

Germany

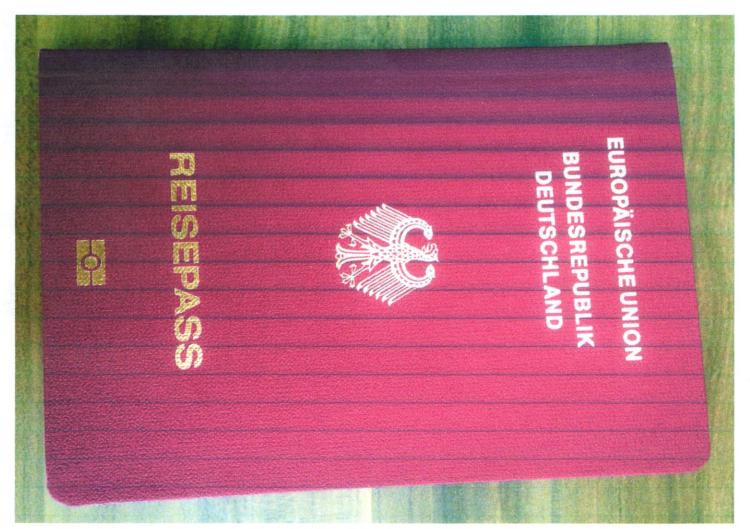


# International Association for the Exchange Of Students for Technical Experience

#### CONFIRMATION OF ACCEPTANCE

Student: Victoria Banse	Ref. No. IN-2015-0502MJ
I accept the offer in: INDIA	
From (Month / Day / Year) : 07/27/2015 to 09/18/2015 Employer: Dr Lalita Ledwani Manipal University Jaipur	
Person to contact: Modi Sahiba (Head Incoming) E-mail: head.incoming@iaestemuj.in	Phone number: +919530455193
I shall leave my country on 2410712015 Time and date of arrival 2510712015   07:30 Place of arrival 10000 Airport (air Arriving by:  Train No.:	.(day/month/year) (day/month/year/hr:min) port/port/railway station etc.)
o Plane: 1st Flight no. LH 55 from. HG  2nd Flight no. LH 760 from. TG  3rd Flight no. 9W 2249 from. De	annover to transfurt any furt to relai
I shall require lodging from 2510712015 (day/mor Lodging will be arranged by IAESTE/myself	nth/year) to 18109 12015 (day/month/year).
I AM AWARE THAT I AM RESPONSIBLE FOR ANY FIR CHANGE MY START DATE OR CANCEL ANY ROOM A SIGNED THIS FORM.	NANCIAL LOSS INVOLVED IF I WITHDRAW OR ALLOCATED TO ME AFTER HAVING COMPLETED AND
Other important information:  For any information other than your project details conta Phone Number: +919829303164 (Incoming Reception)	ct headincoming@iaestemuj.in
traineeship. I am aware that neither the IAESTE National	Committee of the sending country: (Ser Many nor
Insurance receipt No.: 07704 and	03206
Date (day/month/year): 0410512015 Home address: Südstrasse 8, 37339 E-mail: viktoria. banse @tu-clo Phone number: 0173 4170348	Signature: Viletorie Bour Kirchworbis auskhal. de
IT IS IMPORTANT THAT YOU COMPLETE AND RETURN	N THIS FORM AS SOON AS POSSIBLE BUT NOT LATER THEN TWO

WEEKS BEFORE THE START OF YOUR INTERNSHIP TO YOUR IAESTE NATIONAL OFFICE.





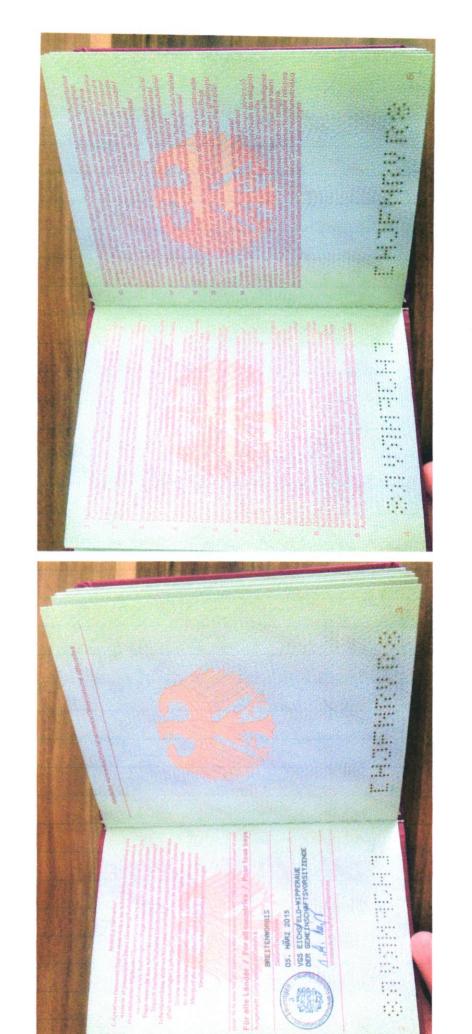


P<D<<BANSE<<VIKTORIA<<<<<<<<

CHJFNRYR82D<<9011241F2503044<<<<<<<<2

04.03.2025

11. Wohnort/Residence/Domicile KIRCHWORBIS 11. Wohnort/Residence/Domicile 11. Wohnort/Residence/Domicile 12: Größe/Height/Taille 165 cm 13. Augenfarbe/Colour of eyes/Couleur des yeux BRAUN 14. Ordens- oder Künstlername/ Religious name or pseudonym/Nom de religion ou pseudonyme





# **IAESTE India MUJ**

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## IAESTE liability policy

#### General Arrangements

#### 1. Compliance with the host company/institution directives.

The student will comply with the relevant rules and regulations of the receiving host company/institution while training at the host company/institution.

#### 2. Responsibility for property loss and damage

The student will be responsible for loss of, or damage to the property of his/her receiving company/institution caused by him/herself (malicious intent).

#### 3. Intellectual property rights and confidential information

As a general rule, the receiving company/institution is expected to maintain any intellectual property rights which may result from a particular programme involving the student.

#### 4. Other subjects

The receiving company/institution is expected to agree directly with trainees in writing, on any subjects or specific arrangements other than those listed initially in their offer, if the company/institution considers it necessary.

#### Waiver of liability

IAESTE (the International Association with its executive bodies, the Members and Co-operating Institutions of the sending and receiving countries) assumes no responsibility or liability for any injury, accident damage, financial losses (for housing reservations....) additional delay or other irregularities suffered by the student, the receiving company./institution or any other party, other than those which may be caused by wilful or negligent acts or omissions on the part of IAESTE, in which case the respective involved party of IAESTE as listed will be solely responsible. IAESTE shall not be responsible or liable for consequences or natural calamities, labour strikes, Acts of God, war and other factors beyond IAESTE's reasonable control.

#### Insurance

In the light of IAESTE's limitation of liability and responsibility set forth above, the student is obliged to have the necessary arrangements for health and accident coverage for the duration of his/her training, including the time spent travelling and leisure activities. Further coverage must be taken out by the student in relation to his/her property loss and damage.

Offer Reference no. 50 1 1606 19894806	-
Student Name Viletotia Sanse	
Signature Viloto in Scool	
Date: 30to April 2015	

Please sign and return a copy of this form with the N5b Acceptance document.





## COVENANT

#### TO THE EMPLOYER AND IAESTE INDIA- LC MUJ

- My entry to India is for participation in the IAESTE Exchange programme. I understand the aim of IAESTE activities and will do my best to promote international amity and to enhance my technical knowledge.
- I will observe Indian laws and regulations and also respect Indian customs. I will not engage myself in any
  immoral and criminal activities. I acknowledge that neither my employer nor IAESTE India- LC MUJ will be
  responsible for any avoidable incident that is a result of an act of recklessness.
- In an unfortunate event that I am involved in an incident of such a nature, IAESTE India- LC MUJ will provide
  the necessary humanitarian aid, but neither IAESTE India- LC MUJ nor the employer will be liable for expenses
  incurred.
- During my training programme I will observe the directions of the employer. I will maintain the confidentiality of work done if directed to do so by the employer.
- I confirm that I will take prior permission from the employer and the Head of Incoming Welfare of IAESTE India-LC MUJ if I leave my training and intend to go for a trip.
- I fully understand that neither IAESTE India- LC MUJ nor the employer is responsible for any accidents during
  my private time resulting from swimming / diving in hazardous areas and other activities. In the event of a
  serious incident, IAESTE India- LC MUJ will report the matter to the related diplomatic establishment in India
  and / or the IAESTE office of the sending country. IAESTE India- LC MUJ will take no further action in this
  regard.
- I shall take prior approval of the employer and the Head of Incoming Welfare before leaving the city. Any violation in this regard will be severely dealt with.
- I am informed that the stipend paid shall be according to the number of days I report to my employer.
- The internship will be considered completed only after the submission of a technical report to the employer.
- I shall abide by the rules and regulations of MUJ University.

Brain

Victoria Banse

Modi Sahiba HEAD INCOMING IAESTE LC MUJ



# International Association for the Exchange Of Students for Technical Experience

### EMERGENCY CONTACT FORM

information can be passed on to the hosting IAEST IAESTE India	(name of student) agree that this E Committee:		
Signature of Student: Vibtoria Bours			
Date: 0410512015			
Emergency Contact Numbers (please include International and Area codes):			
Main Contact	Other Contact		
Name Beatrix Banse	Name Androas Banse		
Relationship to you Mother	Relationship to you Farther		
Home Phone +49 36074 93382	Home Phone +49 36074 93382		
Mobile Phone +49 1723579045	Mobile Phone +49 163 53 93003		
Business Phone	Business Phone		

Please return **2 copies** of this form along with your N5B and Insurance Liability Form to your IAESTE **sending** Country. All information will be treated confidentially and will be held for the duration of your traineeship.



# International Association for the Exchange Of Students for Technical Experience

## EMERGENCY CONTACT FORM

NIGFOLIO POUTS	(name of student) agree that this
information can be passed on to the hosting IAEST	TE Committee:
IAESTE India	
Signature of Student: Vibrois 80	lece
Date: 0410512015	
Emergency Contact Numbers (please in	nclude International and Area codes):
	,
Main Contact	Other Contact
Name Beatrix Bourse	Name Andreas Banse
Relationship	Relationship
to you Hothe	to you Father
	•
Home Phone 449 36074 93382	Home Phone +49 36074 93382
Mobile Phone +49 172 3579045	Mobile Phone +49 163 5393003
Observation of the Control of the Co	project for most of the second control of the statement of the second of
Business Phone	Business Phone
	ADDRESS OF THE PROPERTY OF THE

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