ACCEPTANCE DOCUMENTS



IAESTE India

LC MUJ

GREGOR BIASTOCH

GERMANY



IAESTE India-LC MUJ

The International Association for Exchange of Students for Technical Experience

Dear Gregor Biastoch,

IAESTE India- LC MUJ congratulates you on being accepted on an internship in India. We hope to make your stay as pleasant as possible in India.

You must make a note of the following points while you are in the process of application for the internship-

1) N5 Documents-

- N5a document is evidence to your 'Confirmation of Acceptance' by IAESTE India- LC MUJ. Please present this 'Acceptance Letter' along with the 'Letter to Embassy' while applying for Visa.
- Send the completed N5b document to your parent IAESTE as soon as possible to facilitate the other formalities.

2) Insurance Liability and Emergency Contacts-

• You must get yourself insured for the duration of your internship. Fill in the required fields and send it along with the N5b document to the parent IAESTE. Also, send the completed 'Emergency Contact' list along with this document.

3) <u>Trainee Form</u>-

• This form is for the records maintained by the Ministry of External Affairs, India. Please attach a copy of your passport to the completed trainee form and send it along with the N5b document to your parent IAESTE.

Looking forward to seeing you in India.

Regards,

Team LC MUJ



International Association for the Exchange of Students for Technical Experience

ACCEPTANCE NOTE

Student: Gregor Biastoch

Ref. No.: IN-2015-0614MJ

You have been accepted for practical training in Manipal University Jaipur

Employer: Anil Dutt Vyas Manipal University Jaipur Phone: +91 9414065545 Email: anildutt.vyas@jaipur.manipal.edu

Address: Manipal University Jaipur Dehmi Kalan Jaipur - 302007

Website: www.iaestemuj.in

For the following period (Month / Day / Year)

Student Information:

Passport Number: C2ZV4NF4V Date of issue(Month /Day/ Year): Place of issue: Speyer ,Germany Valid Until (Month /Day/ Year): 04/06/16 Nationality: German : From 06/15/2015 to 07/31/2015

Date of Birth(Month/day/year):05/23/1991 Place of Birth: Speyer, Germany Gender: Male Marital status: Single

CONFIRMATION OF ACCEPTANCE COMPLETE, SIGN AND RETURN THE ATTACHED CONFIRMATION OF ACCEPTANCE (N/5-B) TO US THROUGH

YOUR NATIONAL IAESTE COMMITTEE AT THE LATEST WITHIN TWO WEEKS.

Additional Information:

For any information other than your project details contact headincoming@iaestemuj.in

Phone number: +91 9829303164 (Incoming Reception)



Signature MODI SAHIBA

Date (month/day/year): 04/15/2015 National IAESTE Committee

(Head Incoming)

IAESTE INDIA- LC MUJ

A	P

International Association for the Exchange Of Students for Technical Experience

CONFIRMATION OF ACCEPTANCE

Student: Gregor Biastoch

Ref. No. IN-2015-0614MJ

I accept the offer in: INDIA

From (Month / Day / Year) : 06/15/15 to 07/31/15 Employer: Anil Dutt Vyas 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	(day/month/year)
Time and date of arrival	(day/month/year/hr:min)
Place of arrival	(airport/port/railway station etc.)
Arriving by:	
• Train No.:	

I shall require lodging from......(day/month/year) to......(day/month/year). Lodging will be arranged by IAESTE/myself...... <u>Optional</u>:I shall depart after completing internship on......Flight/Bus/Train no.....

I AM AWARE THAT I AM RESPONSIBLE FOR ANY FINANCIAL LOSS INVOLVED IF I WITHDRAW OR CHANGE MY START DATE OR CANCEL ANY ROOM ALLOCATED TO ME AFTER HAVING COMPLETED AND SIGNED THIS FORM.

Other important information: *For any information other than your project details contact headincoming@iaestemuj.in* Phone Number: +919829303164 (Incoming Reception)

I am insured against illness, accidents including death and repatriation in case of illness, accidents or death during my traineeship. I am aware that neither the IAESTE National Committee of the sending country: ______ nor that of the receiving country: ______ can be held responsible for any accident that may occur during working hours or in my free time.

Insurance company: ____ Insurance receipt No.:

Signature:

IT IS IMPORTANT THAT YOU COMPLETE AND RETURN THIS FORM AS SOON AS POSSIBLE BUT NOT LATER THEN TWO WEEKS BEFORE THE START OF YOUR INTERNSHIP TO YOUR IAESTE NATIONAL OFFICE.



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:	
Sex:	
Nationality:	DUOTO
University (name of the university/institute the trainee is studying in):	РНОТС
Address of university:	
Department/specialization:	
Passport Number:	
Period of internship:	
Visa Application to:	

Date :

Signature:





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.

Modi Sahiba HEAD INCOMING IAESTE LC MUJ

Gregor Biastoch



IAESTE India MUJ

The International Association for Exchange of Students for Technical Experience

FINANCIAL SUPPORT LETTER

Embassy of India,

Speyer, Germany

04/15/2015(mm/dd/yyyy)

Sir/Madam,

Subject- Invitation and Financial Aid for Mr. Gregor Biastoch

This letter serves to certify that Mr. **Gregor Biastoch** from *Bauhaus University Weimar* has been accepted as an apprentice in Manipal University Jaipur from (month/day/year) 06/15/2015 to 07/31/2015.

During his stay here in Manipal University Jaipur he will be provided with free accommodation in the University campus.

Apart from this, he will be paid a monthly stipend of Rs.5000 as pocket expense.

Please process the visa application of Mr. Gregor Biastoch.

Yours sincerely,

Digvijay Singh Parmar President

IAESTE India, LC MUJ





IAESTE India MUJ

The International Association for Exchange of Students for Technical Experience

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	
Student Name	
Signature	
Date:	

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



International Association for the Exchange Of Students for Technical Experience

EMERGENCY CONTACT FORM

Ι	(name of student) agree that this
information can be passed on to the hosting IAES'	TE Committee:
IAESTE	

Signature of Student: _____

Date: _____

Emergency Contact Numbers (please include International and Area codes):

Main Contact	Other Contact
Name	Name
Relationship to you	Relationship to you
Home Phone	Home Phone
Mobile Phone	Mobile Phone
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.