

IAESTE (*country*)...Slovakia.....

N/5-b

International Association for the Exchange
Of Students for Technical Experience

CONFIRMATION OF ACCEPTANCE

Student: Anirudh Bagri**Ref. No.:** SK-2015-IA-12**I accept the offer in:**

From 15/06/2015 (day/month/year) to 29/07/2015 (day/month/year)

Employer: *University of lilina, Faculty of Management Science and Informatics***Address:** *Univerzitna 8215/1 01026 Zilina, Slovakia***Person to contact:** *doc. Ing. Peter Sevcik, PhD***Phone number:****E-mail:** *peter.sefcik@fri.uniza.sk*

I shall leave my country on: ...14/06/2015.....(day/month/year)

Time and date of arrival:15/06/2015/12:35.....(day/month/year/hour:min)

Place of arrival:Zilina railway station.....(airport/port/railway station, etc.)

I shall require lodging from ...15/06/2015.....(day/month/year) to 30/07/2015.....(day/month/year)

I will arrange lodging by myself

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:

I am insured against illness, liability, accidents including death and repatriation in case of illness, accidents or death during my traineeship according to the requirements of the receiving IAESTE Member or Co-operating Institution.

Insurance company: United India Insurance Co. Ltd.

Insurance receipt No.: **02160046143990503497**

Date (day/month/year): 12/06/15

Home address: 202 Jessore Road , Block A , Kolkata -700089 , west Bengal , India

E-mail: bagri.anirudh@gmail.com

Phone number:

IT IS IMPORTANT THAT YOU COMPLETE AND RETURN THIS FORM WITHIN TWO WEEKS TO YOUR
IAESTE NATIONAL COMMITTEE