



OFFICIAL INVITATION LETTER

Budapest, 27/04/2015

On behalf of IAESTE Hungary, hereby declare that

Name: Aanchal Sahdev
Date of birth: 22/07/1994
Place of birth: Jamshehpur
Nationality: Indian
Sex: Female
Marital status: Single
Permanent address: 33/14, 2nd floor, Shakti Nagar, Delhi - 110007
Phone number: +91 9602754412
Passport number: M6297052
University: Manipal University Jaipur

has been accepted for a practical training at the following company/institute:

Name: MTA WIGNER FK RMI
Address: 1125 Budapest, Konkoly-THege utca 29-33.
Phone number: +36 1 392-2733
Official responsible: Dr. Nagy János

for the following period: 01/06/2015 – 31/07/2015

The student will receive a scholarship that covers the expenses for his/her stay in Hungary: lodging, transportation, catering, etc. Lodging will be arranged by IAESTE.

I hereby state that the above declaration is true,

MAGYAR MÉMÖKHALLGATÓK EGYESÜLETE
1081 Budapest, Népszínház u. 8. A/24.
Address: 1983387-2-42
Bank: 1000336-2081700-1100005



IAESTE HUNGARY

IAESTE Accommodation Form 2015

Type of accommodation provided

Hostel:
 University Halls of Residence:
 Home stay:
 Other: Private Student Hotel

MAGYAR MÉRŐKÖZMÉRŐ EGYESÜLET
 1001 Budapest, Népszínház u. 8. A/24.
 Adószám: 19638587-2-42
 Banksz.: 10700036-27084700-51100005

Student Name:	Aanchal Sahdev
Reference Number:	HU-2015-1038-35
Name of Accommodation:	Budai Diákhotel
Address:	1119 Budapest, Fejér Lipót u. 70.
Telephone:	+36 30/337-8330
Email:	http://www.bdhotel.hu/index.php?menu=kapcsolat
Cost per month (in local currency)	circa 50 000 HUF/MONTH
IAESTE person(s) responsible for student during trainee – Name & Contact Number	Orsolya Kerek, kerek.orsolya@iaeste.hu +36 30 864 17 05

Is the above accommodation automatically reserved for the trainee prior to arrival?
 X Yes
 No

Will other trainees be staying in the same accommodation?
 X Yes
 No

Will the room be single or shared with another trainee?
 Single
 X Shared

What washing facilities are available?
 X Ensuite
 X Shared with room-mates
 Communal

What laundry facilities are available?
 For single use
 Shared with room-mates
 X Communal

What cooking facilities are available?
 For single use
 Shared with room-mates
 X Communal

What kind of internet access is available?
 X wireless (in room)
 LAN (in room)
 Communal

Does the trainee need to bring any of the following equipment?
 Bed linen
 Cooking Utensils
 Cutlery/Crockery



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HUNGARY

Magyar Mémökhallgatók Egyesülete
IAESTE Hungary
1081 Budapest, Népszínház u. 8.

International Association for the Exchange of Students for Technical Experience
ACCEPTANCE NOTE N/5-a

Student: Aanchal Sahdev Ref. No.: HU-2015-1038-35

You have been accepted for practical training in: Hungary

Employer: MTA Wigner FK RMI

Address: 1121 Budapest, Konkoly-Thege u.29-33.

Person to contact: Dr. Nagy János Phone number: 0036 1 392 2733

E-mail: nagyz@rmki.kfki.hu

Website: www.wigner.mta.hu

For the following period: 01/06/2015 – 31/07/2015

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:

ENCLOSURES:

- Introduction card
- Reception booklet
- Other forms:

Date (day/month/year):

National IAESTE Committee
MAGYAR MÉMÖKHALLGATÓK EGYESÜLETE
1081 Budapest, Népszínház u. 8. A/24.
Adószám: 1963387-2-42
Bank: 1020085-02084700-51100005
Hungary

Signature



International Association for the Exchange of Students for Technical Experience
CONFIRMATION OF ACCEPTANCE
N/5-b

Ref. No: HU-2015-1038-35

Student: Aanchal Sahdev

I accept the offer in: Hungary

From 01/06/2015 (day/month/year) to 31/07/2015 (day/month/year)
Employer: MTA Wigner FK RMI

Address: 121 Budapest, Konkoly-Thege u. 29-33.

Person to contact: Dr. Nagy János

Phone number: 0036 1 392 2733
E-mail: nagyjz@rmki.kfki.hu

I shall leave my country on:(day/month/year)

Time and date of arrival:(day/month/year/hour:min, flight number)

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

I shall require lodging from(day/month/year) to(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, 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:

Insurance receipt No.:

Date (day/month/year):
Signature:

Home address:

E-mail:

Phone number:

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