



**IAESTE
HUNGARY**

IAESTE Hungary
Magyar Mérnökhallgatók Egyesülete
1081 Budapest, Népszínház u.8.
Tel/Fax: 0036(1)313-1125

Letter of Invitation

OFFICIAL INVITATION LETTER

Budapest, 27/04/2015

On behalf of IAESTE Hungary, hereby declare that

Name: Saurav Kumar Srivastava
Date of birth: 23/08/1994
Place of birth: Atardah Bihar
Nationality: Indian
Sex: Male
Marital status: Single
Permanent address: District Hospital, Ghazipur, Uttar Pradesh, India, 233001
Phone number: +91 9415346468
Passport number: L9584131
University: Manipal Institute of Technology, Manipal

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

Name: Budapest University of Technology
Address: 1111 Budapest, Műegyetem rkp. 3.
Phone number: +36 1 463 2991
Official responsible: Dr. Paál György

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 MÉRNÖKHALLGATÓK EGYESÜLETE
1081 Budapest, Népszínház u. 8. A/24.
Adószám: 19635327-2-42
Banksz.: 10700385-27384700-31100005



**IAESTE
HUNGARY**

International Exchange Program 2015.
Accommodation Form,
Budapest, Hungary

IAESTE Accommodation Form 2015

Type of accommodation provided

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

MAGYAR MÉRNÖKHALLGATÓK EGYESÜLET
1081 Budapest, Népszínház u. 8. A/24.
Adószám: 20635387-2-42
Banksz.: 10700585-27004700-51100005

Student Name:	Saurav Kumar Srivastava
Reference Number:	HU-2015-1926-15
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 Kereki, kereki.orsolya@iaeste.hu +36 30 864 17 05

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

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

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

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

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

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

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

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



**IAESTE
HUNGARY**

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

International Association for the Exchange of Students for Technical Experience

ACCEPTANCE NOTE N/5-a

Student: Saurav Kumar Srivastava

Ref. No.: HU-2015-1926-15

You have been accepted for practical training in: Hungary

Employer: Budapest University of Technology

Address: 1111 Budapest, Műgyetem rkp. 3.

Person to contact: Dr. Paál György

Phone number: 0036 1 463 2991

E-mail: paal@hds.bme.hu

Website: www.hds.bme.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

Signature

MAGYAR MÉRNÖKHALLGATÓK EGYESÜLETE
1081 Budapest, Népszínház u. 8. A/24.
Adószám: 19635387-2-42
Hungary
Banksz.: 10700305-27084700-51100005



**IAESTE
HUNGARY**

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

International Association for the Exchange of Students for Technical Experience

CONFIRMATION OF ACCEPTANCE N/5-b

Student: Saurav Kumar Srivastava

Ref. No: HU-2015-1926-15

I accept the offer in: Hungary

From 01/06/2015 (day/month/year) to 31/07/2015 (day/month/year)

Employer : Budapest University of Technology

Address: 1111 Budapest, Műegyetem rkp. 3.

Person to contact: Dr. Paál György

Phone number: 0036 1 463 2991

E-mail: paal@hds.bme.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