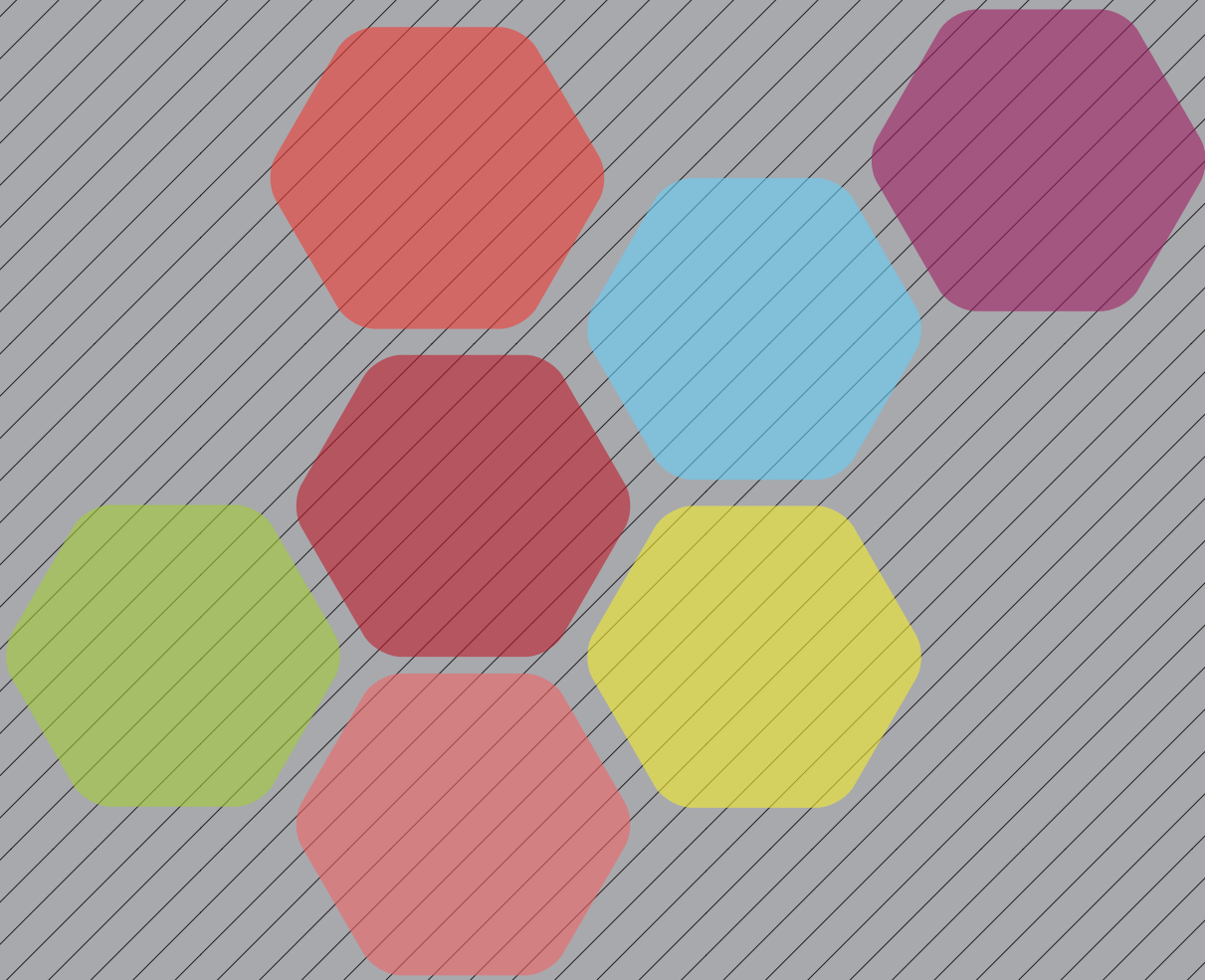




CHEERS

From IAESTE Tunisia



Acceptance Papers



IAESTE Tunisia

ACCEPTANCE NOTE

N/5'a

Ref.No. TN-2015-8016-CS

Student Information

Family name: MAKHIJANI

First and/or other names: Priyanka

Date of birth: 23/01/1994

Place of birth: Jodhpur

Gender: Female

Nationality: Indian

Passport no.: K1160332

Has been accepted for practical training at

Employer name: Dot Power

Contact person: Mr. Wissem MONCEUR

Employer address: 10, Rue El Hamidia, 1er étage, App 11, 1073 Tunis

Phone number: +216 98 704 198

Email: direction@dotpower.com.tn

For the following period: from **10/06/2015** to **22/07/2015**

Date:

On behalf of receiving country: **IAESTE TUNISIA**

Enclosures

- N/5'b
- Emergency Contact Form
- IAESTE Liability Policy
- Employer Approval Letter
- Reception Booklet
- Others forms:



CONFIRMATION OF ACCEPTANCE

Ref. No. TN-2015-8016-CS

I accept the offer as mentioned above.

During my training period I am insured at following company:

Insurance receipt no:

Disclaimer

- I am aware that I am responsible for any financial loss involved if I, IAESTE or the employer withdraw or change my start date or cancel any room allocated to me after I have confirmed my acceptance.
- 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 IAESTE Receiving Country.

Date:

Student's signature:



IAESTE Tunisia

N/5-b : TN-2015-8016-CS

CONFIRMATION OF ACCEPTANCE

Student: Priyanka MAKHIJANI

You have been accepted for practical training in:

Employer: Dot Power

Address: 10, Rue El Hamidia, 1er étage, App 11, 1073 Tunis

Person to contact: Mr. Wissem MONCEUR **Phone number:** +216 98 704 198

E-mail: direction@dotpower.com.tn

For the following period:

from **10/06/2015** to **22/07/2015**

I shall leave my country on:

Time and date of arrival: **Flight No:**

Place of arrival: **Coming from:**

I shall require lodging from **to**

I will arrange lodging by myself (yes/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.

I am aware that both, IAESTE Tunisia and the IAESTE National Committee of the sending country:..... cannot be held responsible for any accident that may occur during working hours or in my time free.

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:

Insurance receipt No.:

Date:

Home Address:

E-mail:

Signature:

Phone number:

Mobile:

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.



The International Association for the Exchange of Students for Technical Experience

Address: ENIT, BP 37, Le Belvédère. 1002 Tunis Tel : +216 71874700 (Ext.430) Fax : +216 70860548

E-mail : contact@iaeste.tn

Website : <http://www.iaeste.tn>

Réf : TN-2015-...8016...-...CS...

EMPLOYER APPROVAL LETTER

Tunis, 29/04/2015

I, Wissem Monceur (Supervisor)
from DotPower (Company/Organization)
hereby agree to supervise the student Priyanka Nakhijani (Name of the trainee)
from 10/06/2015 to 22/07/2015 and pay the
trainee the following wage during training: 400 Tunisian Dinars per month.

Very truly yours,

Wissem Monceur

(Official responsible)

DotPower

10 Rue El Hamdia, App M, 1^{er} Etage, 1073 Tunis

(Firm's name and address)

direction@dotpower.com.tn / contact@dotpower.com.tn (cc)

(Email address)

98 704 198 / 95 085 322

(Telephone Number)

(Signature / Stamp)

DOTPOWER
MF: 1307810/LA M 002
Service Comptabilité



The International Association
for the Exchange of Students
for Technical Experience

EMERGENCY CONTACT FORM

I agree to furnish full details of any medical condition, allergies, medication, or special requirements that I currently have.

Details of Medical Condition/Medication/Allergies or other condition:

I _____ (name of student) agree that this information can be passed on to the **hosting** IAESTE Committee:

IAESTE _____

Signature of Student: _____

Date: _____

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

Main Contact

Name _____

Relationship to you _____

Home Phone _____

Mobile Phone _____

Business Phone _____

Other Contact

Name _____

Relationship to you _____

Home Phone _____

Mobile Phone _____

Business Phone _____

Please return 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.





**The International
Association for the
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/her (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, damage, financial losses (for housing reservations....) additional delay or other irregularities suffered by the student, the 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.