

To  
THE FINANCE DEPT.  
MUNICIPAL UNIVERSITY JAMNUR

DATE: AUGUST 12, 2014

SUBJECT: STIPEND FOR IAESTE MUS INTERNS

Respected Sir

The following interns have to be paid for their stipend and are to be paid for their internship through IAESTE MUS.

1. Ms. Habiba Smuti  
STIPEND AMOUNT: ₹ 5000/-  
DURATION - 15/7/14 to 14/8/14  
INSTALLMENT - 1

2. Ms Sara Ebrahim  
STIPEND AMOUNT: ₹ 7000/-  
DURATION: 15/7/14 - 31/8/14  
COMPLETE AMOUNT

Apart from these interns, Mr. Ali Bakhsh was to be paid INR 2840/-.

He was paid only INR 1936/- on 4/8/14.

The difference in amount INR 904/- was compensated by the student local committee.

We hence request you to debit the amount 5000 + 7000 + 904 from the IAESTE MUS account. TOTAL = 12904/-

Thanking You  
Prakhar Agrawal

Prakhar Agrawal  
CFO - IAESTE MUS

1. Please pay the installment amount for following students (as per memo)

1. Ms Habiba
2. Ms Sara

12/8/14

2. For Mr. Ali:- As per communication with guide, he was on official leave. So please release the rest amount against these interns. The amount is ₹ 904/-



International Association for the Exchange Of Students for Technical Experience

CONFIRMATION OF ACCEPTANCE

Student: Habiba Smati

Ref. No.: IN-2014-3103-MJ

I accept the offer in: INDIA

From (Month / Day / Year) : 07/15/14 to 09/15/14

Employer:

Manipal University Jaipur

Person to contact: Mahima Joshi

Phone number: +919829303164

E-mail: mahimajoshi@iaestemuj.in

I shall leave my country on 11/07/2014 (day/month/year)

Time and date of arrival 12/07/2014 12:50 (day/month/year/hr:min)

Place of arrival Jaipur-Sanganer Terminal 2 (airport/port/railway station etc.)

Arriving by:

o Train No. ....

Plane: 1st Flight no. BT 253 from Tunis Carthage to Amman Queen Alia

2nd Flight no. BT 191 from Amman Queen Alia to Delhi Indira Gandhi

3rd Flight no. AI 561 from Delhi Indira Gandhi to Jaipur-Sanganer Terminal 2

I shall require lodging from 15/07/2014 (day/month/year) to 15/09/2014 (day/month/year).

Lodging will be arranged by IAESTE/myself IAESTE MUJ

Optional: 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 Tunisia nor that of the receiving country Jaipur can be held responsible for any accident that may occur during working hours or in my free time.

Insurance company: MAPPER Europeans d'assurances voyages

Insurance receipt No.: 95250100235

Date (day/month/year): 09/07/2014

Signature:

Home address: Habiba Smati - Tunisia

E-mail: smati.habibati@national.fr

Phone number: +216 7992275 / +216 799334

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.