

To

THE FINANCE DEPT.  
MUNICIPAL UNIVERSITY JIMPUR

DATE: AUGUST 12, 2014

SUBJECT: STIPEND FOR IAESTE MVS INTERNS

Respected Sir

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

1. Ms. Habiba Smriti

STIPEND AMOUNT: ₹ 5000/-

DURATION - 15/7/14 to 14/8/14

INSTALLMENT - 1

2. Ms Sara E. ~~Enkh~~

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 MVS Account. TOTAL = 12904/-

Thanking You

Prakhar Agrawal

Prakhar Agrawal

CFO - IAESTE MUT

1. Please pay the instalment amount for following students (as per names)

1. Ms Habiba
2. Ms Sara

2. For Mr. Ali - As per communication with Guide, He was on official leave.

leave. Please release the rest amount against those banners the amount to prakhar.

12/8/14





## International Association for the Exchange Of Students for Technical Experience

### CONFIRMATION OF ACCEPTANCE

Student: Sarra Elfekih

Ref. No. IN-2014-3106-MJ

I accept the offer in: INDIA

From (Month / Day / Year) : 07/15/2014 to 08/31/2014

Employer:

Manipal University Jaipur

Person to contact: Mahima Joshi Phone number: +919829303164

E-mail: mahimajoshi@iaestemuj.in

I shall leave my country on... 1/07/2014... (day/month/year)

Time and date of arrival... 2/07/2014 / 7:40... (day/month/year/hr:min)

Place of arrival... New Delhi airport... (airport/port/railway station etc.)

Arriving by:

o Train No.: .....

o Plane: 1<sup>st</sup> Flight no. GR1400 from 1 July 19:45 to 22:30

2<sup>nd</sup> Flight no. GR564 from 2 July 1:15 to 7:40

3<sup>rd</sup> Flight no. .... from ..... to .....

I shall require lodging from... 7/07/2014... (day/month/year) to 28/08/2014... (day/month/year).

Lodging will be arranged by IAESTE/myself. IAESTE JAIPUR

Optional: I shall depart after completing internship on 28/08/2014 (Flight/Bus/Train no. GR563)

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: INDIA can be held responsible for any accident that may occur during working hours or in my free time.

Insurance company: POST ASSISTANCE

Insurance receipt No.: 95B276002030

Date (day/month/year): 3/06/2014

Signature:

Home address: 8 residence les chalets side des dunes Mansour Tunes

E-mail: sarrafekih.1991@gmail.com

Phone number: +21622448016

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.