

Payment Voucher

No. 1679

Dated 6-Sep-2014

Particulars	Amount
Account : IAESTE, MUJ 2013	5,000.00

Through :

Petty Cash

On Account of :

BEING CASH PAID TO JOANNA LEMKA  
FOR IAETE STIPEND FROM 4 AUG 2014  
TO 3rd SEP 2014 STATEMENT AS PER  
ATTACHED

Amount (in words) :

Indian Rupees Five Thousand Only

₹ 5,000.00

Receiver's Signature:

Authorised Signatory

Payment Voucher

No. : 1798

Dated : 12-Sep-2014

Particulars	Amount
Account : IAESTE, MUJ 2013	8,000.00

Through :

Petty Cash 5,000.00  
Petty Cash 3,000.00

On Account of :

BEING CASH PAID TO JOANNA LEMKA  
FOR IAETE STIPEND FROM 04 SEPT. 2014  
TO 21 SEP. 2014 AND HABIBA SMATI  
FROM 16 JULY 2014 TO 15 SEPT 2014 AS  
PER STATEMENT SUBMITTED

Amount (in words) :

Indian Rupees Eight Thousand Only

₹ 8,000.00

Receiver's Signature:

Authorised Signatory

1. HABIBA



5000 RS

2. JOANNA



3000 RS

IAESTE OFFICIAL



PRESIDENT

IAESTE LC MUJ



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

### CONFIRMATION OF ACCEPTANCE

Student: Joanna Lemka

Ref. No. : IN-2014-3102-MJ

I accept the offer in: INDIA

From (Month / Day / Year) : 08/04/2014 to 09/21/2014

Employer:

Manipal University Jaipur

Person to contact: Mahima Joshi

Phone number: +919829303164

E-mail: mahimajoshi@iaestemuj.in

I shall leave my country on 11/08/2014 (day/month/year)  
 Time and date of arrival 21/08/2014 07:35 (day/month/year/hr: min)  
 Place of arrival Jaipur International Airport (airport/port/railway station etc.)  
 Arriving by:

o Train No.: .....

o Plane: 1<sup>st</sup> Flight no. LH 1377 from Gdansk to Frankfurt  
 2<sup>nd</sup> Flight no. LH 0756 from Frankfurt to Mumbai  
 3<sup>rd</sup> Flight no. S2 4055 from Mumbai to Jaipur

I shall require lodging from 2/08/2014 (day/month/year) to 24/09/2014 (day/month/year).  
 Lodging will be arranged by IAESTE/myself.  
 Optional: I shall depart after completing internship on 24/09/2014 Flight/Bus/Train no. 9W 0720

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: Poland 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: ISIC (Almistor Polska)  
 Insurance receipt No.: S 048 500 093 442 Q

Date (day/month/year): 11/06/2014 Signature: Joanna Lemka  
 Home address: 81-403 Gdynia, ul. Focha 29. Poland  
 E-mail: asia\_lemka@wp.pl  
 Phone number: +48 500 092 852

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.