

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

ACCEPTANCE NOTE

Student: AYUSH JAIN

Ref. No. PL-2017-ZUT053

**You have been accepted for practical
training in:**

Poland

Employer: West Pomeranian University of
Technology, Faculty of Electrical Engineering

Person of contact: Mr Daniel Figurowski, MSc,
Eng.

Address: ul. Sikorskiego 37
70-313 Szczecin

Phone number: +48 600 051 674

E-mail: daniel-figurowski@zut.edu.pl

For the following period (day/month/year): from **2018/03/01** to **2018/06/30**

STUDENT INFORMATION:

Passport Number: J9961229

Place of Birth: Indore, India

Date and Place of Issue: ()

Date of Birth: 1995/08/14

Valid Until: 2022/02/28

Gender: Male

Nationality: Indian

CONFIRMATION OF ACCEPTANCE

COMPLETE, SIGN AND RETURN THE ATTACHED CONFIRMATION OF ACCEPTANCE (N/5-B) TO US
THROUGH YOUR NATIONAL IAESTE COMMITTEE WITHIN TWO WEEKS.

Additional Information:

ENCLOSURES:

Date:

National IAESTE Committee

Signature

2017/07/10



Magdalena
Maciejasz



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Of Students for Technical Experience**

CONFIRMATION OF ACCEPTANCE

Student: AYUSH JAIN

Ref. No. PL-2017-ZUT053

**I accept the offer in:
For the following period:**

Poland
2018/03/01 - 2018/06/30

Employer: West Pomeranian University of
Technology, Faculty of Electrical Engineering

Person of contact:

Address: ul. Sikorskiego 37
70-313 Szczecin

Phone number:
E-mail: daniel-figurowski@zut.edu.pl

**I shall leave my country on:
Time and date of arrival: . Transport: .
Place of arrival::
I shall require lodging from to
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, 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.

I am aware that neither the IAESTE National Committee of the sending country: **India** nor that of the receiving country: **Poland** can be held responsible for any accident that may occur during working hours or in my free time.

**Insurance company:
Insurance receipt No.:
Emergency contact**

**Name:
Relationship:**

Phone number:

**Date:
Home address:** 104, SIDDHARTH NAGAR, BHAWARKUWA, SCH NO. 44, INDORE 452001, MADHYA PRADESH, INDIA
**E-mail:
Phone number:** +48 600 051 674

**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.**