

International Association for the Exchange
Of Students for Technical Experience

ACCEPTANCE NOTE

Student: Jatin Sibbal Ref. No.: OM-2017-18

You have been accepted for practical training in: Oman

Employer: Al-Hassan Group

Address: MUSCAT

Person to contact: AL MASROORI (HR) Phone number:

E-mail:

Website: <http://www.al.hassan.com>

For the following period (day/month/year): from 1/7/2017 to 18/08/2017

CONFIRMATION OF ACCEPTANCE

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

Additional Information:

1. Please send me Copy of your Passport and Father and Mother Names, so we can make your visa. / fill the Visa application attach
2. Your arrival Details: Name of Airline, Flight Number, Date of Arrival , Time of Arrival

ENCLOSURES:

- Introduction card
- Reception booklet
- Other forms:

Date (day/month/year): National IAESTE Committee Signature

2017

Oman

Dr. Ghazi Al-Rawas

**International Association for the Exchange
Of Students for Technical Experience
CONFIRMATION OF ACCEPTANCE**

Student: Jatin Sibbal

Ref. No.: OM-2017-18

I accept the offer in: *Al-Hassan Group*

From 1/7/2017 to 18/08/2017

Employer: *AL-HASSAN GROUP*Address: *MUSCAT*Person to contact: Al Masroori, Fatma (HR)
E-mail:

Phone number:

I shall leave my country on: *29/06/2017 (09:50 AM)* (dd/mm/yr)Flight Number: *WY-245*Date of arrival: *29/06/2017* (dd/mm/yr)Time arrival: *11:40 AM* (hour:min)Place of arrival: *MUSCAT INTERNATIONAL AIRPORT* (airport)I shall require lodging from *29/06/2017* (dd/mm/yr) to *29/08/2017* (dd/mm/yr)I will arrange lodging by myself **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:

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

Insurance company: *TATA AIG INSURANCE*Insurance receipt No.: *KB179255*Date (dd/mm/yr): *31-05-2017*Signature: *Jatin Sibbal*Home address: *13 SHIVPURI BALKESHWAR ROAD, AGRA - 282005 [UTTAR PRADESH] INDIA*E-mail: *jatinkumarsibbal@gmail.com*Phone number: *+91-9001248823*

It is important that you complete and RETURN THIS FORM WITHIN TWO WEEKS TO
YOUR IAESTE NATIONAL COMMITTEE

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/herself (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 program 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, accident damage, financial losses (for housing reservations....) additional delay or other irregularities suffered by the student, the receiving company/institution or any other party, other than those which may be caused by willful or negligent 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, labor 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. **OM-2017-18**

Student Name: **Jatin Sibbal**

Signature **Jatin Sibbal**

Date: **31-05-2017**

Please sign and return a copy of this form with the N5b Acceptance document.

Traveller

Passenger Name:
SIBBAL, JATINMR

e-Ticket Number:
9104994196061

Reservation Number:
6H7PR8

Ticket Issue Date:
30 May 2017

Agency Details

Agency Information:
GURGAON
F130 Ground Floor Street No 7
Delhi, 110001
India

Agency IATA Number:
14316956

Flight - Oman Air (WY) - 242 29 June 2017

Confirmation Number:
QENHYY

Status:
Confirmed

Fare Basis:
OSE3MIA

Depart:
Delhi Indira Gandhi Intl (DEL)
Delhi
Terminal 3
09:50

Arrive:
Muscat International Arpt (MCT)
Muscat
Terminal Not Available
11:40

Class of Service:
Economy

Carry-On:

1 Piece Plan
Bag 1 - NO FEE UPTO15LB/7KG AND UPTO41LI/105LCM

Baggage Allowance:

2 Piece Plan
Bag 1 - NO FEE UPTO33LB/15KG AND UPTO62LI/158LCM
Bag 2 - NO FEE UPTO33LB/15KG AND UPTO62LI/158LCM
Applies to: DEL - MCT

Flight - Oman Air (WY) - 245 19 August 2017

Confirmation Number:
QENHYY

Status:
Confirmed

Fare Basis:
OSE3MIA

Depart:
Muscat International Arpt (MCT)
Muscat
Terminal Not Available
08:45

Arrive:
Delhi Indira Gandhi Intl (DEL)
Delhi
Terminal 3
13:25

Class of Service:
Economy

Carry-On:

1 Piece Plan
Bag 1 - NO FEE UPTO15LB/7KG AND UPTO41LI/105LCM

Baggage Allowance:

2 Piece Plan
Bag 1 - NO FEE UPTO33LB/15KG AND UPTO62LI/158LCM
Bag 2 - NO FEE UPTO33LB/15KG AND UPTO62LI/158LCM
Applies to: MCT - DEL

Fare Information

Form Of Payment:
XXXXXXXXXXXX1002

Fare: INR 20100

Taxes and Carrier-imposed fees:
INR 41 F2
INR 41 G1
INR 4408 XT

Total: INR 24590

Endorsement Information:
WY ONLY/NON END

Fare Calculation:
DEL WY MCT 150.67 WY DEL 150.67 NUC301.34END ROE66.702 XT 1183IN1126JN150WO168I210I1816800M

Schedule of Travel Insurance

Issued at Mumbai



Schedule Number:	KB179155	Date Issued:	29/05/2017
Insurance Plan:	Travel Guard Silver	Producer Code:	0010805000-010001
Zone:	Worldwide Excluding Americas	Applicant Phone No:	0562-2600763
Travel Dates:	From: 29/06/2017 To: 20/08/2017	Applicant Name:	Mr. JATIN SIBBAL
Duration:	53 Days		
Applicant Address:	13 SHIVPURI BALKESHWAR ROAD AGRA 282005		

PREMIUM		
Premium	INR	1646.00
Tax (15%)	INR	247.00
TOTAL PREMIUM	INR	1893.00

IMPORTANT: Any Pre-Existing Medical condition/ Ailments declared or undeclared will be excluded from the policy. The Coverage provided is subject to the details and declaration made in the proposal to the company and attached Policy Wording.

BENEFITS	MAXIMUM COVERAGE	DEDUCTIBLE
Accidental Death and Dismemberment Benefit (24 hrs)	\$10,000	
Accident & Sickness Medical Expense Reimbursement	\$50,000	\$100
Sickness Dental Relief	\$300	\$150
Emergency Medical Evacuation Benefit	Included*	
Repatriation of Remains	Included*	
Baggage Delay Benefit (After first 12 hrs.)	\$50	
Checked Baggage Loss Benefit (per item 10% and per bag 50% limit)	\$500	
Loss of Passport Benefit	\$250	\$30
Personnal Liability Benefit	\$100,000	\$200
Automatic extension of policy upto 7 days	Available	
Emergency cash advance	\$500	
Fraudulent Charges(Payment Card Security)	\$500	
Home Burglary (In Rs.)	Rs.100,000	
Trip Cancellation	\$500	\$50
Trip Curtailment	\$500	\$50
Missed Connection/Missed departure	\$500	\$50
Bounced hotel /Airline booking	\$500	\$50

NOTES

*Included under the overall limit of Accident & Sickness Medical Expenses Reimbursement.
 Under annual multi-trip, entry age is up to 70 years. Renewals are applicable beyond 71 years and policy terms and conditions shall commence only in case of renewals.
 Notice of a medical condition/event must be provided to your assistance contact (see below) at time of care or as soon as possible after emergency care; failure to do so may affect benefits and coverage. For details on sublimits for insured 56 years of age please see the next page of this policy schedule or refer to the policy wordings schedule of benefit Part G supplied along with this schedule.

Insured #	Insured Name	Passport Number	Date of Birth	Assignee
1	Mr. JATIN SIBBAL	Z4083646	08/05/1996	SATINDER SIBBAL

Address for Claim/US Non Medical (For Insureds only)	Assistant Contact (For Insureds only)	US Medical Claims (For Providers Only)
Claims Department Tata AIG General Insurance company Ltd. A-501, 5 th Floor, Building No. 4, Infinity Park, Gen. A. K. Vaidya Marg, Dindoshi, Malad (E), Mumbai, India - 400 097. Visit our website :www.tataaiginsurance.in OR Email at customersupport@tata-aig.com OR Call our 24x7 toll free helpline 1800-266-7780 (Accessible from all lines) OR 1800-11-9966(Accessible from BSNL/MTNL Lines)	For excluding the Americas Policies: Call: +603-2118-0782 or +603-2118-0784 (Toll Worldwide) Email (assistance): TGAP.TATAmedical@travelguard.com For the Americas Policies: Please Call: +1-866-866-2619 (Toll Free within US & Canada) +1-817-826-7017(Reverse Charge/Collect from other places) Email: tata.aig@aig.com	Plan Type: LTA Policy Certificate #: KB179155 Mail Medical Claims to: HYGEIA Travel Guard Attn: Tata AIG Claims PO Box 8003 Stevens Point, WI 54481 Shared Savings The First Health Network PHCS

The benefits mentioned in this table are applicable for every single insured individually covered under this policy.

Signed for & on Behalf of Tata AIG General Insurance Company Ltd.

Agent/Broker Name: Tata Aig
 Agent/Broker License Code: NA
 Agent/Broker Contact No: 1-800-119966

Declaration:
 I/We hereby declare and state that all statements and information furnished in the Proposal to the company and as captured in the above schedule of Insurance are true and complete. If found that the said statements and information furnished/stated is incorrect or untrue in any respect or manner whatsoever, I agree and acknowledge that the Insurance company shall not be liable in any manner whatsoever in respect of the insurance coverage under this policy.

Insurance Stamp Duty Paid: Rs.1/- vide receipt/Challan No. MH001559912201314E dated 11th February 2014

Signature of the Insured / Proposer: _____

Tata AIG General Insurance Company Limited
 Registered Office: Peninsula Business Park, Tower A, 15th Floor, G.K. Marg, Lower Parel, Mumbai - 400013.
 IRDA Regn. No. 108. CIN - U85110MH2000PLC128425, Service Tax Regn. No: AABCT3518QST004
www.tataaiginsurance.in Toll free Helpline 1800-266-7780 Email: customersupport@tata-aig.com

Schedule of Travel Insurance

Issued at Mumbai



WITH YOU ALWAYS

Schedule Number:	KB179155	Date Issued:	29/05/2017
Insurance Plan:	Travel Guard Silver	Producer Code:	0010805000-010001
Zone:	Worldwide Excluding Americas	Applicant Phone No:	0562-2600763
Travel Dates:	From: 29/06/2017 To: 20/08/2017	Applicant Name:	Mr. JATIN SIBBAL
Duration:	53 Days		
Applicant Address:	13 SHIVPURI BALKESHWAR ROAD AGRA 282005		

Sub-limits :

The following Maximum eligible expenses per Disease/Illness are automatically applicable to Insured Persons aged 56 years onwards, regardless of the plan/option purchased at the inception/its subsequent renewals if applicable.

Sublimits can be waived off by payment of additional premium. If waived then this will appear in Insurance Plan on Page 1. The maximum limit would be as mentioned below or upto the Sum insured whichever is lower.

I. Hospital Room Rent, Board and Hospital misc. maximum \$1500 per day up to 30 days.

II. Intensive Care Unit-Maximum \$3000 per day up to 7 days.

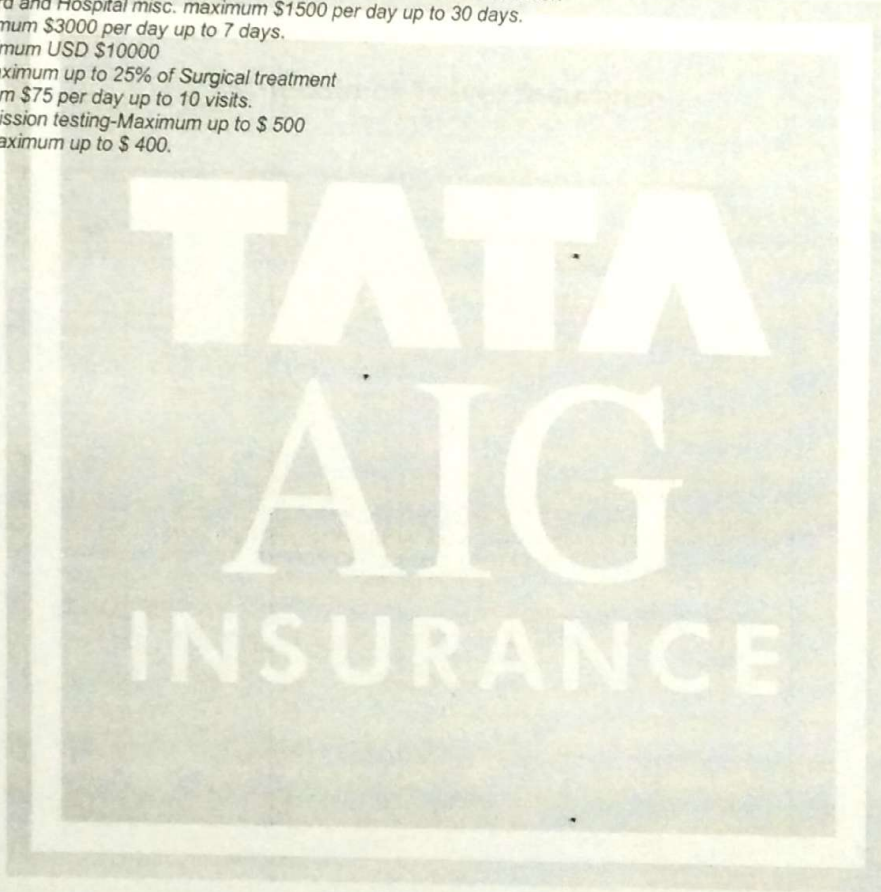
III. Surgical Treatment-Maximum USD \$10000

IV. Anesthetist Services-Maximum up to 25% of Surgical treatment

V. Physician's Visit-Maximum \$75 per day up to 10 visits.

VI. Diagnostic and Pre-admission testing-Maximum up to \$ 500

VII. Ambulance Services-Maximum up to \$ 400.



WITH YOU ALWAYS

Signed for & on Behalf of Tata AIG General Insurance Company Ltd.

Tata AIG General Insurance Company Limited

Registered Office: Peninsula Business Park, Tower A, 15th Floor, G.K. Marg, Lower Parel, Mumbai - 400013.

IRDA Regn. No. 108. CIN - U85110MH2000PLC128425, Service Tax Regn. No: AABCT3518QST004

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