



WORK OFFER

Ref. No. PL-2018-PWA021

Employer Information

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|-----------------------------|---|--------------------------------|--------------------|
| <i>Employer:</i> | Semicon Sp. z o.o ul. Zwolenska 43 04-761 Warszawa Poland | <i>Website:</i> | www.semicon.com.pl |
| <i>Business or products</i> | Electronics | <i>Location of placement:</i> | Warszawa |
| | | <i>Number of employees:</i> | 70 |
| | | <i>Working hours per week:</i> | 40.0 |
| | | <i>Working hours per day:</i> | 8.0 |

Student Required

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|------------------------|----------------------------------|---------------------------|---|
| <i>Field of study:</i> | 14-ENGINEERING 14-ENGINEERING | <i>Study level:</i> | Beginning (1-3 Semesters);Middle (4-6 Semesters); End (7 Semesters and over) |
| <i>Specialization:</i> | 14.1001 14.4201 | <i>Language required:</i> | ENGLISH Good Or Or |

Other requirements:

Work Offered

1. PCB assembly in SMT and THT technology:
 - Testing and programming of electronic modules,
 - Assessment of the quality of assembly of electronic modules: microscopic work, Automatic Optical Inspection (AOI)
 - FLEX PCB Technology
2. Laser modules assembly based on semiconductor diodes
3. Laser cut stencils for SMT, including designing and inspection

| | | | |
|---------------------------------|---------------------------|----------------------------------|--------------------------|
| <i>Number of weeks offered:</i> | 6 - 8 | <i>Working environment:</i> | Research and development |
| <i>Within the months:</i> | 01-JUL-2018 - 31-AUG-2018 | <i>Gross pay:</i> | 2,100 PLN / Month |
| <i>Or within:</i> | - | <i>Deduction to be expected:</i> | 20 |
| <i>Holidays:</i> | - | | |

Accommodation

| | | | |
|-------------------------------------|--------|--|-------------------|
| <i>Lodging will be arranged by:</i> | IAESTE | <i>Estimated cost of lodging:</i> | 450 PLN / Month |
| | | <i>Estimated cost of living incl. lodging:</i> | 1,100 PLN / Month |

Additional Information

Nomination Information

| | | | |
|---------------------------------|-------------|-----------------------------------|-------------------|
| <i>Deadline for nomination:</i> | 31-MAR-2018 | <i>Please send nominations by</i> | Exchange Platform |
|---------------------------------|-------------|-----------------------------------|-------------------|

Date: 24-MAY-2018 *On behalf of receiving country:* Kinga Urbanek



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

ACCEPTANCE NOTE

Student: Divij Singh Rajaura **Ref. No. PL-2018-PWA021**
You have been accepted for practical training in: Poland
Employer: Semicon Sp. z o.o **Person of contact:** Mr Jacek Tomaszewski
Address: ul. Zwolenska 43 **Phone number:** +48 22 615 73 71
04-761 Warszawa **E-mail:** jtomaszewski@semicon.com.pl
For the following period (day/month/year): from 2018/07/01 to 2018/08/12

STUDENT INFORMATION:

Passport Number: Z4368842 **Place of Birth:** Delhi
Date and Place of Issue: (Delhi) **Date of Birth:** 1997/10/15
Valid Until: 2027/07/09 **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 |
|------------|---------------------------|------------------------|
| 2018/05/24 | | Magdolena Maciejasz |



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

CONFIRMATION OF ACCEPTANCE

| | |
|---|---|
| Student: Divij Singh Rajaura | Ref. No. PL-2018-PWA021 |
| I accept the offer in: For the following period: | Poland 2018/07/01 - 2018/08/12 |
| Employer: Semicon Sp. z o.o Address: ul. Zwolenska 43 04-761 Warszawa | Person of contact: Phone number: E-mail: jtomaszewski@semicon.com.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: | Phone number: |
| Relationship: | |

| | |
|----------------------|---------------------------------------|
| Date: | Signature: |
| Home address: | |
| E-mail: | Phone number: +48 22 615 73 71 |

**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.**