Office of International Relations
Indian Institute of Technology
Kharagpur-721302

Ref. No. 1815/2023/OIR **Date: 05.04.2023**

Sub: Request for the signature on the internship agreement requested by Martin Jose (19PH20017)

With reference to the request made by Martin Jose (19PH20017), a fourth year undergraduate student in the Dept of Physics, to carry out internship at Laboratoire J. L. Lagrange, Observatoire de la Cote d'Asur, Nice France.

The necessary NoCs in this regard have been sought by him. The legal advice has been taken from Institute Legal Cell and the necessary undertaking has been signed by the student, as advised.

This is to request your signature on the internship agreement for further proceedings.

Submitted for your kind consideration and signature please.

5/4/23

Associate Dean, IR & R

05.04.2023

Dean, OR & AA

To,
The Associate Dean, IR&R
Indian Institute of Technology Kharagpur
Kharagpur, West Bengal - 721302
Date - 5th April 2023
~~Ref~~

Respected Sir,

Subject :- Declaration that I will bear the legal expenses of any dispute ~~arising~~ related to my internship in France.

I agree to bear the legal expenses of any action of mine that is contrary to French law, during my internship at Lagrange Laboratory, Nice, France. As per article 13 of the internship agreement, the agreement shall be governed by French law and any disputes that cannot be amicably resolved shall be subject to the jurisdiction of the competent French courts. I hereby agree to bear the legal expenses of any disputes of the aforementioned nature.

Martin Jose,
Fourth-year undergraduate student,
Indian Institute of Technology Kharagpur
Roll no. 19PH20017

Martin

Travel Guard - Policy Schedule

Schedule Number:	7100942782	**Date Issued:**	31/03/2023
Insurance Plan:	Travel Guard Silver	**Producer Code:**	1827240000
Zone:	Worldwide Excluding USA/Canada	**Applicant Phone No:**	6363375607
Email id:	themartinjose@gmail.com		
Travel Dates:	**From:**17/05/2023 **To:**07/08/2023	**Applicant Name:**	Mr MARTIN JOSE
Duration:	83 days		
Applicant Address:	35, LAKESIDE AVENUE, JALAHALLI WEST,-,-,BANGALORE,KARNATAKA,INDIA-560015		
Customer GSTIN NO:			

PREMIUM		
Premium	INR	2,504.00
IGST (18%)	INR	450.72
TOTAL PREMIUM	INR	2,955.00

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 & 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	$1,00,000	$200
Automatic extension of policy (upto 7 days)	Available	
Emergency cash advance	$500	
Fraudulent Charges (Payment Card Security)	$500	
Home Burglary (In Rs.)	Rs.1,00,000	
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.
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 many 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 H supplied along with this schedule.

For complete set of benefits, terms & conditons, please refer to policy wordings:
https://tata-cms.s3.ap-south-1.amazonaws.com/Travel-Guard-Policy-Wording_a704f86270.pdf

Insured #	Insured Name	Passport Number	Gender	Date of Birth	Age	Nominee
1	Mr MARTIN JOSE	U5056724	Male	21/02/2001	22	JOSE PAUL

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: POLICYBAZAAR INSURANCE BROKERS PRIVATE LIMITED
Agent/Broker License Code: 742
Agent/Broker Contact No: 18002585970

Consolidated Stamp Duty has been paid to the State Exchequer

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 whatsover, I agree and acknowledge that the Insurance company shall not be liable in any manner whatsover in respect of the insurance coverage under this policy.

Signature of the Insured / Proposer:_____

Policy / Schedule No: 7100942782

Date Issued: 31/03/2023

Coverage of COVID - 19

With reference to outbreak of COVID – 19, we wish to bring it to the notice of our Overseas Travel Insurance Customers, Intermediaries, Embassies and Consulates that this policy offers coverage towards **Medical expenses related to COVID – 19**, subject to policy terms and conditions.

Coverage for medical expenses is available up to the limits mentioned in the Policy Schedule for expenses incurred due to sudden and unexpected sickness or accident arising when insured is outside the Republic of India. Policy wordings can be referred for detailed terms and & conditions.

Sum Insured : $50,000 per person (Sum Insured as per the plan opted)

Insured Name-1 : Mr MARTIN JOSE

Please get in touch with our Customer Support team at customersupport@tataaig.com or call us at 1800 266 7780 for any clarifications/queries

Authorized Signatory

For Tata AIG General Insurance Company Limited

Additional Insured Family members (Spouse or Dependent Children)

	Name	Sex	Date of Birth	Passport No.	Pre-existing details (if any)	Details	Suffering since

Travel Details

Insurance Plan Requested : Travel Guard Silver (I understand that sub limits will apply on Accident and Sickness Medical Expenses Reimbursement Cover for Insured Person above 56 years of age, if opted for "With Sublimit Plan". Under Annual Multi Trip, entry age is up to 70 years.)					
Place of Travel	France				
Departure from India	17/05/2023	Return to India	07/08/2023	Number of Days	83 days

Payment Details

Name of the Premium Payer			
Relationship with the proposer		Premium Amount (in Rs.)	2,955.00
Instrument type : OnlinePayment Please make a Crossed Cheque/DD/Pay Order in favour of **'Tata AIG General Insurance Company Limited'** only.			

Bank Details

As per the Regulatory requirements, we can effect payment of refund/claims only through Electronic Clearing System (ECS)/National Electronic Funds Transfer(NEFT) /Real Time Gross Settlement(RTGS)/Interbank Mobile Payment Service(IMPS). For this purpose please submit the following details of the insured's bank account#			
Name of the Account Holder:			
Name of the Bank:		Branch:	
Type of Account : ☐ SB Account ☐ Current Account ☐ Others (please specify)_____			
Account Number:		IFSC Code Bank:	
If the premium cheque is not paid from the above mentioned account then a cancelled cheque leaf of the above mentioned account is to be attached. #mandatory if annualized premium is more than Rs.10,000			

AGENT DECLARATION

I,_____(Full Name) in my capacity as an Insurance Advisor/ Specified Person of the Corporate Agent/Authorized employee of the Broker/Relationship Officer, do hereby declare that I have explained all the contents of this Proposal Form, including the nature of the questions contained in this Proposal Form to the Proposer including statement(s), information and response(s) submitted by him/her in this Proposal Form to questions contained herein or any details sought herein will form the basis of the Contract of Insurance between the Company and the Proposer, if this Proposal is accepted by the Company for issuance of the Policy. I have further explained that if any untrue statement(s)/ information/response(s) is/are contained in this Proposal Form/including addendum(s), affidavits, statements, submissions, furnished/to be furnished, the Company shall have the right to vary the benefits which may be payable and further more if there has been a non-disclosure of any material fact, the policy issued to his/her favor pursuant to this Proposal may be treated by the Company as null and void and all premiums paid under the Policy may be forfeited to the company.

License No.(Intermediary/Corporate Agent/Broker/Relationship Officer) : 742
Name of the specified Person and code:
Place:_____ Date: 31/03/2023 Signature of Agent:_____

Vernacular Declaration (Certification in case the proposer has signed in vernacular/thumb print)

The content of this form along with product benefits, terms/conditions and exclusions have been clearly explained by me in vernacular to the proposer who has understood and confirmed the same.

Signature/Thumb impression of the Proposer:
Name & Signature of agent/ intermediary:
POLICYBAZAAR INSURANCE BROKERS PRIVATE LIMITED

Prohibition of Rebates - Section 41 of the Insurance Act, 1938 as amended by Insurance Laws (Amendment) Act, 2015.

1. No person shall allow or offer to allow either directly or indirectly as an inducement to any person to take out or renew or continue an insurance in respect of any kind of risk relating to lives or property in India, any rebate of the whole or part of the commission payable or any rebate of premium shown on the policy, nor shall any person taking out or renewing or continuing a policy accept any rebate, except such rebate as may be allowed in accordance with the published prospectus or tables of the insurer.
2. Any person making default in complying with the provisions of this section shall be liable for penalty which may extend to ten lakh rupees.

Disclaimer: Insurance is the subject matter of solicitation. For more details on benefits, exclusions, limitations, terms and conditions, please refer sales brochure / policy wordings carefully, before concluding a sale.

Section 64 VB of the Insurance Act 1938: Commencement of risk cover under the policy is subject to receipt of premium by Tata AIG General Insurance Company Limited.

Title	Description	Refer To Policy Clause Number
What are the major exclusions in the policy:	Following is a partial list of the policy exclusions. Please refer to the policy Exclusions wording for the complete list of exclusions 1. where the Insured Person is travelling against the advice of a Physician; or receiving or on a waiting list for receiving specified medical treatment; or is travelling for the purpose of obtaining treatment; or has received a terminal prognosis for a medical condition; or 2. any Pre-existing Condition or any complication arising from it; or 3. Any claim of Insured Person arising from: 1. suicide or attempted suicide 2. wilful self-inflicted illness or injury except injury in self-defence or to save life 4. being under the influence of intoxicating liquor or drugs or other intoxicants except where the insured is not directly responsible for the injury / accident though under influence of intoxication;or 5. serving in any branch of the Military or Armed Forces of any country, whether in peace or War, and in such an event We, upon written notification by You, shall return the pro rata premium for any such period of service during the Trip; or 6. participation in an actual or attempted felony, riot, crime, misdemeanor, or civil commotion; or 7. operating or learning to operate any aircraft, or performing duties as a member of the crew on any aircraft or Scheduled Airline; or 8. any loss arising out of War, civil war, invasion, insurrection, revolution, act of foreign enemy, hostilities (whether War be declared or not), rebellion, mutiny, use of military power or usurpation of government or military power; or 9. any loss, damage cost or expense of whatsoever nature directly or indirectly caused by, resulting from or in connection with any act of terrorism regardless of any other cause or event contributing concurrently or in any other sequence to the loss. The warranty also excludes loss, damage, cost or expenses of whatsoever nature directly or indirectly caused by, resulting from or in connection with any action taken in controlling, preventing, suppressing or in any way relating to action taken in respect of any act of terrorism. If the Company alleges that by reason of this Exclusion, any loss, damage, cost or expenses is not covered by this insurance the burden of proving the contrary shall be upon the Insured. 10. any loss arising out of the intentional use of military force to intercept, prevent, or mitigate any known or suspected Act of Terrorism; or 11. the use, release or escape of nuclear materials that directly or indirectly results in nuclear reaction or radiation or radioactive contamination; The dispersal or application of pathogenic or poisonous biological or chemical materials; The release of pathogenic or poisonous biological or chemical materials, (However, the above only applies if 50 or more persons sustain death within 90 Days of the date of the incident); or 12. the radioactive, toxic, explosive or other dangerous properties of any explosive nuclear equipment or any part of that equipment; or 13. performance of manual work for employment or any other hazardous occupation, self exposure to needless peril (except in an attempt to save human life); or 14. congenital anomalies or any complications or conditions arising therefrom; or 15. participation in winter sports, skydiving/parachuting, hang gliding, bungee jumping, scuba diving, mountain climbing (where ropes or guides are customarily used), riding or driving in races or rallies using a motorized vehicle or bicycle, caving or pot-holing, hunting or equestrian activities, skin diving or other underwater activity, rafting or canoeing involving white water rapids, yachting or boating outside coastal waters (2 miles), participation in any Professional Sports, any bodily contact sport or any other hazardous or potentially dangerous sport for which You are untrained 16. any loss resulting directly or indirectly, contributed or aggravated or prolonged by childbirth or from pregnancy, or 17. for any loss of which a contributing cause was Your actual or attempted commission of, or willful participation in, an illegal act or any violation or attempted violation of the law or Your resistance to arrest; 18. This policy will not cover any loss, injury, damage or legal liability arising directly or indirectly from: Travel in, to, or through Afghanistan, Cuba or Democratic Republic of Congo. 19. This policy will not cover any loss, injury, damage or legal liability sustained directly or indirectly by: Any terrorist or member of a terrorist organization, narcotics trafficker, or purveyor of nuclear, chemical or biological weapons.	Exclusions

Title	Description	Refer To Policy Clause Number
How to Claim	**PI Contact While Abroad:** **For Rest of the world policies excluding the Americas:** Call:+603-8991-2013 or +603-8991-2014 (Toll Worldwide) Email (assistance): TGAP.TATAmedical@travelguard.com Email (claims): TGAP.TATAclaims@travelguard.com	
	For the Americas Policies: Please Call:+1-866-866-2620 (Toll Free within US & Canada) +1-817-826-7018(Reverse Charge/Collect from other places) Email: tata.aig@aig.com 0800 169 9884 (Toll free from UK); 0120-593700 (Toll free from Japan) While abroad pl contact the above no.s depending on your location for any assistance. If you have returned back to India intimation may be given at below numbers\e-mail id While In India: Toll Free No 1800 266 7780 / 1800 119966 from BSNL/MTNL Landline or 1800 22 9966 (only for senior citizen policy holders) Call these local helpline numbers in your respective cities from any other line: Mumbai - 66939500, Delhi – 66603500, Bangalore – 66500001, Pune – 66014156, Chennai – 66841050, Hyderabad – 66629882, Ahmedabad - 66610201 **Email:**general.claims@tataaig.com **Write to:** A&H Claims Department, Tata AIG General Insurance Co. Ltd. 7 and 8 Floor, Romell Tech Park, Cama Industrial Estate, Western Express Highway, Goregaon(E), Mumbai, Maharashtra 400063	
	Visit the Website:www..tataaiginsurance.in • Claims for which prior intimation has not been given to the Assistance Companies must be lodged with Tata AIG within 30 days. However it is advisable to register a claim abroad by informing the assistance companies on the applicable numbers (refer the policy certificate or the numbers as given above for the same).Pl note that issuance of claim reference number and claim form is not an admission of liability for any claim	

In the agreement the Article 2 Objective of the Internship

(A) The intern will be given one or more tasks, in conformance with the educational plan established by the educational institution and approved by the host organization. The educational institution and the host organization will establish the schedule based on the general training program being offered.

Approval from competent authority of the Institute may be taken as the task with the educational plan established by the educational institution .

Article 4

(B) The intern will be supervised by his academic advisor as designated in this agreement as well as by the institution's internship program office.

For academic advisor, approval may be sought from competent authority.

Article 6

Health Insurance for interns working abroad

It is strongly advised that students to take out specific additional health insurance coverage valid for the country in question and for the duration of their internship, the course,

The intern shall take out specific additional health insurance coverage valid for France.

Article 7

(C)

Liability and Insurance

The intern agrees to take out a travel assistance insurance contract (repatriation for health reasons, legal assistance etc.) and an individual accident insurance policy.

The intern shall take out a travel assistance insurance contract (repatriation for health reasons, legal assistance etc.) and an individual accident insurance policy.

Article 13

(D) This agreement shall be governed exclusively by French law.

Any disputes that can not be amicably resolved shall be subject to the jurisdiction of the competent French Courts.

Before signing the agreement approval from the competent authority of the Institute may be taken.

In view of the above approvals may be taken from the competent authority of the Institute before signing the agreement.

Senior Law Officer 03/04/2023

Asso. Dean (IR&R) 5/4/23

The document may be signed.

(A) Since this is an optional internship programme the student has choice of selecting field of research.

(B) Prof. P. K. Datta, HOD is the internship officer from IIT kgp.

(C) The student has purchased the health/travel insurance.

(D) The student has declared to bear the cost arising for legal cases in France, if any.

30-3-2023

To,
The Dean, Outreach,
Indian Institute of Technology Kharagpur
Kharagpur - 721302
Through associate Dean, ~~I~~ R&R

The document may kindly vetted. Forwarded to legal cell for checking of clauses and agreement and advise accordingly. 30/3/23

Respected sir,

Subject - Request to sign an internship agreement for my internship at the Observatoire de la Côte d'Azur, Nice. And, an undertaking to purchase health insurance.

I will be going for an internship to the Lagrange Laboratory, Observatoire de la Côte d'Azur, Nice, France, for my summer internship. I have attached an internship agreement, which is between the host institution, IIT Kharagpur and myself. Since it is necessary for the ~~tss~~ visa processing, I implore you to sign it at the earliest.

The agreement also stipulates the need for health insurance, which I shall purchase in due course of time, before leaving for France.

Thanking you,
Martin Jose
19PH20017

Martin

Gmail **Martin Jose <themartinjose@gmail.com>**

My desire to learn more about quantum fluids by working under you

24 messages

Martin Jose <themartinjose@gmail.com> Fri, Dec 16, 2022 at 4:03 PM
To: krstulovic@oca.eu

Dear Prof. Krstulovic,

I am a fourth-year undergraduate student from the Indian Institute of Technology, Kharagpur. I wish to take up a summer internship in your group, funded by the Charpak Scholarship programme.

I have experience working on fluid instabilities, under Prof. Krishna Kumar from IIT Kharagpur. I also have research experience in nonlinear dynamics, and have written parallelised code for a supercomputer. I have also learnt to code numerical solvers for PDEs, as part of my coursework.

I have always been curious about quantum fluids and have wanted to learn more about the topic. I am eager to know if you have any projects in your lab which I can work on, that would allow me to do so.

Please refer to my CV attached for more details on my research experience.

Regards,
Martin Jose
Fourth-Year Undergraduate,
Department of Physics,
IIT Kharagpur

Martin Jose Resume.pdf
37K

Giorgio Krstulovic <krstulovic@oca.eu> Mon, Dec 19, 2022 at 8:22 PM
To: Martin Jose <themartinjose@gmail.com>

Dear Martin,

Many thanks for your interest. Your profile seems well adapted to the research performed in my group.

I have a couple of projects that are thought for master internships. How long should the internship be, and when should it start?

It's almost Christmas break in France, so it would be good if we could have a discussion via zoom this week. My lab is kind of close this week, but I'm planning to go there Thursday or Wednesday (I have to fix a couple of other appointments before fixing the day). Are you free on those days to discuss this a bit?

Please let me know,

All the best,

भारतीय प्रौद्योगिकी संस्थान खड़गपुर
खड़गपुर - 721 302, भारत

INDIAN INSTITUTE OF TECHNOLOGY KHARAGPUR
KHARAGPUR-721 302, INDIA

भौतिक विज्ञान विभाग | Department of Physics

डॉ. प्रशान्त कुमार दत्ता / Dr. Prasanta Kumar Datta
प्राध्यापक एवं विभागाध्यक्ष / Professor & Head

Date: 31st January, 2023

No Objection Certificate

This is to certify that **Martin Jose** (19PH20017) is a full-time student of Department of Physics at Indian Institute of Technology Khargpur and is currently enrolled in 4th Year of 5 Year Integrated M. Sc. Programme.

This certificate is issued for the purpose of applying to Charpak Lab scholarship for the duration of three months from 5th May, 2023 to 27th July 2023. Institute has no objection to his carrying out internship at Laboratoire J. L. Lagrange, Observatoire de la Cote d'Azur, Nice France during the period mentioned above.

31/1/23

विभागाध्यक्ष/Head
भौतिक विज्ञान विभाग
Department of Physics
IIT Kharagpur

Prof. P. K. Datta
Head of Department
Department of Physics
IIT Kharagpur

दुरभाष/ PHONE: +91-3222-282286 / 283860 फैक्स / Fax : +91 3222-282020/255303
इ-मेल / E-mail: hod@phy.iitkgp.ac.in ; pkdatta@phy.iitkgp.ac.in

GIORGIO KRSTULOVIC
krstulovic@oca.eu - +33 4 92 00 39 76
Laboratoire J.L. Lagrange. Observatoire de la Côte d'Azur. CNRS.
Bd de l'Observatoire CS 34229 - F 06304. Nie, France

Object: Acceptance letter for a Research internship at the Laboratoire J.L. Lagrange

To whom it may concern,

It is my pleasure to support **Mr. Martin Jose**, a **4th year Integrated Master in Physics** student at **Indian Institute of Technology Kharagpur** in my research group at **Laboratoire J.L. Lagrange, Observatoire de la Côte d'Azur** for a summer project from 7th, May 2023 to 25th, July 2023 under the IITKGP Foundation Scholarship/ GKF Scholarship.

I will be pleased to welcome **Martin Jose** to my laboratory to develop research in superfluid dynamics in an internship entitled *Energy and momentum transfers between particles and Kelvin waves in quantum fluids*. More specifically, Mr. Jose will study the interaction between Kelvin waves propagating along quantum vortices and particles trapped inside them. Such a study has an important impact on experiments that are being performed today by several groups in France and the United States. The internship requires previous knowledge of fluid mechanics and quantum mechanics. Mr. Jose will perform numerical simulations of the Gross-Pitaevskii model using the code developed in my group. He will also study the problem analytically using a simplified model. The main language spoken in my group is English, and good writing and oral skill are expected. During his stay, he will be provided with all facilities for work: He will have access to our HPC cluster and local workstations and complete access to the library.

Giorgio Krstulovic

Laboratoire J.L. Lagrange. Observatoire de la Côte d'Azur. CNRS.

Bd de l'Observatoire CS 34229 - F 06304. Nice, France

Telephone: +33 4 92 00 39 76

Email: krstulovic@oca.eu

Academic year: .....
(Année universitaire)

Internship agreement between
(Convention de stage FI à l'étranger entre)

- ☐ internship discovery of professional environment
  stage de découverte du milieu professionnel
- ☐ internship initiation in profession
  stage d'initiation au métier
- ☐ internship with a responsibility mission
  stage avec mission en responsabilité

NB: for the sake of simplicity, the persons referred to in this document are designated "he"

1 - THE EDUCATIONAL OR TRAINING INSTITUTION
(L'ETABLISSEMENT D'ENSEIGNEMENT OU DE FORMATION)

Name *(Nom)*: Indian Institute of Technology Kharagpur

Address *(Adresse)*: IIT Kharagpur, Kharagpur, West Medinipur, West Bengal - 721302

Represented by (agreement-signing party) *(Représenté par (signataire de la convention))*: Prof. Jayanta Mukopadhyay

Capacity of the representative *(Qualité du représentant)*: Dean, outreach and alumni affairs

☎ 03222 282036

e-mail: deanor@adm.iitkgp.ac.in

Address (if different from that of the institution) *(Adresse (si différente de celle de l'établissement)* : /

2 - HOST ORGANIZATION
(L'ORGANISME D'ACCUEIL)

Name *(Nom)*: Observatoire côte d'Azur

Address *(Adresse)*: Bd de l'Observatoire CS 34229 - 06304 NICE CEDEX 4

Represented by (agreement-signing party) *(Représenté par (nom du signataire de la convention))*: MR Stéphane MAZEVET

Capacity of the representative *(Qualité du représentant)*: Directeur de l'Etablissement

Department in which the internship will be conducted *(Service dans lequel le stage sera effectué)*: LABORATOIRE LAGRANGE

☎ 04 92 00 30 88

e-mail:

Location of internship (if different from that of the organization) *(Lieu du stage (si différent de l'adresse de l'organisme)*: /

3 - THE INTERN *(LE STAGIAIRE)*

Last name *(Nom)*: MARTIN First name *(Prénom)*: José Sex: F ☐ M ☑ Date of Birth *(Né le)*: 21 / 02 / 2001

Address *(Adresse)*: #600, 1st 'E' cross, Mathikere, Bangalore - 560054

☎ +91- 6363375607 e-mail: themartinjosc@gmail.com

TITLE OF INTERNSHIP OR TRAINING COURSE TAKEN AT THE INSTITUTION OF HIGHER EDUCATION, AND HOUR VOLUME (ANNUAL OR HALF-YEARLY):
(INTITULE DE LA FORMATION OU DU CURSUS SUIVI DANS L'ETABLISSEMENT D'ENSEIGNEMENT SUPERIEUR ET VOLUME HORAIRE (ANNUEL OU SEMESTRIEL))

SUBJECT OF INTERNSHIP *(SUJET DE STAGE)*: .....

Dates: from *(Du)* 7 Mai 2023 to *(Au)* 25 Juillet 2023

Representing a **total duration of** ..... (Number of Weeks / Months (cross out the inappropriate item))
(Représentant une durée totale de) *(Nombre de Semaines / de Mois (rayer la mention inutile))*

corresponding to *(Et correspondant à)* ..... actual days of attendance at the host organization *(Jours de présence effective dans l'organisme d'accueil)*

and corresponding to *(Et correspondant à)* ..... actual hours of attendance at the host organization *(Heures de présence effective dans l'organisme d'accueil)*

Distribution, in case of discontinuous attendance: ..... Number of hours per week or hours per day (cross out the inappropriate item)
(Répartition si présence discontinue) *(nombre d'heures par semaine ou nombre d'heures par jour (rayer la mention inutile))*

Comments *(Commentaire)*: .....

SUPERVISION OF INTERN BY THE EDUCATIONAL INSTITUTION
(ENCADREMENT DU STAGIAIRE PAR L'ETABLISSEMENT D'ENSEIGNEMENT)

First and Last name of academic advisor *(Nom et prénom de l'enseignant référent)*: Sajal Dhara

Position (or discipline) *(Fonction (ou discipline))*: Assistant Professor, Department of Physics

☎ +91- 7977858134

e-mail: sajaldhara@phy.iitkgp.ac.in

SUPERVISION OF INTERN BY THE HOST ORGANIZATION
(ENCADREMENT DU STAGIAIRE PAR L'ORGANISME D'ACCUEIL)

Full name of training supervisor *(Nom et prénom du tuteur de stage)*: MR Giorgio KRSTULOVIC

Position *(Fonction)*: Chercheur

☎ +33 04 92 00 39 76

e-mail: giorgio.krstulovic@oca.eu

OTHER BENEFITS GRANTED:.....
.....
.....
.....

Article 5 – Gratification - Avantages
Une gratification peut être accordée au stagiaire conformément aux règles en vigueur dans le pays d'accueil.
LE MONTANT DE LA GRATIFICATION EST FIXE A : 4,05 €
par heure / jour / mois (rayer les mentions inutiles)

AUTRES AVANTAGES ÉVENTUELLEMENT ACCORDÉS:
.....

Article 6 - Social Welfare Coverage Framework
For the duration of his internship, the intern shall remain covered under his previous former social welfare protection framework.
Internships conducted abroad shall be reported to the Social Security administration prior to the intern's departure.
For internships conducted abroad, the following provisions shall apply, subject to their conformance with the legislation in effect in the host country and the laws governing the host organization.

Article 6 – Régime de protection sociale
Pendant la durée du stage, le stagiaire reste affilié à son régime de Sécurité sociale antérieur.
Les stages effectués à l'étranger sont signalés préalablement au départ du stagiaire à la Sécurité sociale.
Pour les stages à l'étranger, les dispositions suivantes sont applicables sous réserve de conformité avec la législation du pays d'accueil et de celle régissant le type d'organisme d'accueil.

6.1 - Health Insurance for interns working abroad
1) Coverage originating in the French student's coverage framework
- for internships within the European Economic Area (EEA) conducted by nationals of a State of the European Union or of Norway, Iceland, Liechtenstein or Switzerland, or of any another State (in the latter case this provision shall not apply for internships in Denmark, Norway, Iceland, Liechtenstein or Switzerland), students must apply for a European Health Insurance Card (EHIC).
- for internships conducted in Quebec by students of French nationality, students must request form SE401Q (104 for internships at companies, and 106 for university internships);
In all other cases, students who incur medical expenses may be reimbursed by the mutual insurance company serving as their student Social Security Agency, upon their return and upon presentation of receipts: reimbursement shall then be provided carried out on the basis of French healthcare rates. Significant differences may exist between the costs incurred and the French - rates serving as the basis for reimbursement. It is strongly advised that students to take out specific additional health insurance coverage valid for the country in question and for the duration of their internships, the course, from the insurance company of their choice (students' mutual insurance, parents' mutual insurance, ad hoc private company, etc.), or, possibly, after checking the extent of the guarantees proposed, from the host organization if it provides health coverage to interns under local law (see item 2 below).
2) Social welfare protection from the host organization
By checking the appropriate box below, the host organization indicates whether it provides health insurance coverage to the intern under local law:
- ☐ YES: This coverage is in addition to the maintenance abroad of rights granted under French law
- ☐ NO: coverage is thus exclusively provided from the maintenance abroad of the rights granted under the French student coverage framework).

If neither box is checked, item 6.1-1 shall apply.

6.1 – Protection Maladie du/de la stagiaire à l'étranger
1) Protection issue du régime étudiant français
- pour les stages au sein de l'Espace Economique Européen (EEE) effectués par des ressortissants d'un Etat de l'Union Européenne, ou de la Norvège, de l'Islande, du Liechtenstein ou de la Suisse, ou encore de tout autre Etat (dans ce dernier cas, cette disposition n'est pas applicable pour un stage au Danemark, Norvège, Islande, Liechtenstein ou Suisse), l'étudiant doit demander la Carte Européenne d'Assurance Maladie (CEAM).
- pour les stages effectués au Québec par les étudiant(e)s de nationalité française, l'étudiant doit demander le formulaire SE401Q (104 pour les stages en entreprises, 106 pour les stages en université);
- dans tous les autres cas les étudiants qui engagent des frais de santé peuvent être remboursés auprès de la mutuelle qui leur tient lieu de Caisse de Sécurité Sociale étudiante, au retour et sur présentation des justificatifs : le remboursement s'effectue alors sur la base des tarifs de soins français. Des écarts importants peuvent exister entre les frais engagés et les tarifs français base du remboursement. Il est donc fortement conseillé aux étudiants de souscrire une assurance Maladie complémentaire spécifique, valable pour le pays et la durée du stage, auprès de l'organisme d'assurance de son choix (mutuelle étudiante, mutuelle des parents, compagnie privée ad hoc...) ou, éventuellement et après vérification de l'étendue des garanties proposées, auprès de l'organisme d'accueil si celui-ci fournit au stagiaire une couverture Maladie en vertu du droit local (voir 2e ci-dessous).
2) Protection sociale issue de l'organisme d'accueil
En cochant la case appropriée, l'organisme d'accueil indique ci-après s'il fournit une protection Maladie au stagiaire, en vertu du droit local :
- ☐ OUI : cette protection s'ajoute au maintien, à l'étranger, des droits issus du droit français
- ☐ NON : la protection découle alors exclusivement du maintien, à l'étranger, des droits issus du régime français étudiant).

Si aucune case n'est cochée, le 6.1 – 1 s'applique.

• terminates his internship and undertakes to promptly reach a country, the metropolitan France or a country with "normal vigilance" by the standards of the ministry.

The rules for implementing a replacement of internship, and the evaluation methods will be reviewed with the referent, so the situation beyond the control of the intern be the least damaging in obtaining the postulated Diploma.

Article 7 – Responsabilité et assurance

L'organisme d'accueil et le stagiaire déclarent être garantis au titre de la responsabilité civile.

Le stagiaire s'engage à souscrire un contrat d'assistance (rapatriement sanitaire, assistance juridique...) et un contrat d'assurance individuel accident.

Lorsque l'organisme d'accueil met un véhicule à la disposition du stagiaire, il lui incombe de vérifier préalablement que la police d'assurance du véhicule couvre son utilisation par un étudiant

Lorsque dans le cadre de son stage, l'étudiant utilise son propre véhicule ou un véhicule prêté par un tiers, il déclare expressément à l'assureur dudit véhicule et, le cas échéant, s'acquitte de la prime y afférente.

Si le pays d'accueil, ou la zone géographique dans laquelle se déroule le stage, subit une dégradation des conditions de sécurité modifiant le classement de cette zone par le Ministère français des Affaires Étrangères et du Développement International, le stagiaire :

• prévient immédiatement son référent ou le responsable des stages de son école, institut ou UFR,

• met fin à son stage et s'engage à rejoindre sans délai un pays soit la France métropolitaine, soit un pays à « vigilance normale » d'après les normes du ministère.

Les modalités de réalisation d'un stage de remplacement, le cas échéant, ainsi que les modalités d'évaluation sont alors revues avec le référent pour que cette situation, indépendante de la volonté du stagiaire, lui soit le moins préjudiciable possible par rapport au diplôme postulé.

Article 8 - Discipline

The intern shall be subject to the applicable internal disciplinary and regulatory terms, of which he shall be made aware prior to the start of the internship, particularly in regard to schedules and to the health and safety regulations in effect at the host organization.

Disciplinary sanctions may only be imposed by decision of the educational institution. In such case, the host organization shall inform the academic advisor and the institution of the non-compliance and shall provide any supporting evidence.

In case of a particularly serious breach of discipline, the host organization reserves the right to terminate the internship, while respecting the provisions set forth in article 9 of this agreement.

Article 8 – Discipline

Le stagiaire est soumis à la discipline et aux clauses du règlement intérieur qui lui sont applicables et qui sont portées à sa connaissance avant le début du stage, notamment en ce qui concerne les horaires et les règles d'hygiène et de sécurité en vigueur dans l'organisme d'accueil.

Toute sanction disciplinaire ne peut être décidée que par l'établissement d'enseignement. Dans ce cas, l'organisme d'accueil informe l'enseignant référent et l'établissement des manquements et fournit éventuellement les éléments constitutifs.

En cas de manquement particulièrement grave à la discipline, l'organisme d'accueil se réserve le droit de mettre fin au stage tout en respectant les dispositions fixées à l'article 9 de la présente convention.

Article 9 - Leave - Internship Interruption

Leave and internship interruptions for the intern are applicable according to the regulations of the host organization.

For any other temporary interruption of training (illness, unjustified absence ...) the host organization notifies the school by written.

Any interruption of the internship is reported to all signatories of the internship agreement. A form of validation is implemented as appropriate by the school.

If agreed by the parties of the internship agreement, an extension of the end of the internship is possible to enable the realization of the total duration of the internship originally planned. In case of postponement, if the end of the internship is prior to the end of the academic year, the internship agreement is the subject of an amendment.

An amendment to the agreement may be established in case of extension of the internship in a joint request between the host organization and the intern, in compliance with the maximum duration of the internship set by law (6 months) and if the extent of the last day of the internship takes place before the end of the academic year.

If will of one of three parts (host organization, intern, educational institution) to stop the internship, it must immediately inform the other two parties by written. The reasons will be examined closely. The final decision will be taken at the end of the consultation phase.

Article 9 – Congés – Interruption du stage

Les congés et autorisations d'absence octroyés au stagiaire sont applicables selon la règlementation de l'organisme d'accueil, le cas échéant.

Pour toute autre interruption temporaire du stage (maladie, absence injustifiée...) l'organisme d'accueil avertit l'établissement d'enseignement par écrit.

Toute interruption du stage, est signalée à tous les signataires de la convention. Une modalité de validation est mise en place le cas échéant par l'établissement. En cas d'accord des parties à la convention, un report de la fin du stage est possible afin de permettre la réalisation de la durée totale du stage prévue initialement. En cas de report, si la fin du stage est antérieure à la fin de l'année universitaire, la convention fait l'objet d'un avenant.

Un avenant à la convention pourra être établi en cas de prolongation du stage sur demande conjointe de l'organisme d'accueil et du stagiaire, dans le respect de la durée maximale du stage fixée par la loi (6 mois) et dans la mesure où le dernier jour du stage intervient avant la fin de l'année universitaire.

the preparation, conduct and validation of the internship, may assert any claim for reimbursement or compensation from the educational institution.

Article 12 – Fin de stage – Rapport - Evaluation

1) Attestation de stage : à l'issue du stage, l'organisme d'accueil délivre une attestation dont le modèle figure en annexe, mentionnant au minimum la durée effective du stage et, le cas échéant, le montant de la gratification perçue. Le stagiaire devra produire cette attestation à l'appui de sa demande éventuelle d'ouverture de droits au régime général d'assurance vieillesse prévue à l'art. L.351- 17 du code de la sécurité sociale ;

2) Qualité du stage : à l'issue du stage, les parties à la présente convention sont invitées à formuler une appréciation sur la qualité du stage.

Le stagiaire transmet au service compétent de l'établissement d'enseignement un document dans lequel il évalue la qualité de l'accueil dont il a bénéficié au sein de l'organisme d'accueil. Ce document n'est pas pris en compte dans son évaluation ou dans l'obtention du diplôme ou de la certification.

3) Évaluation de l'activité du stagiaire : à l'issue du stage, l'organisme d'accueil renseigne une fiche d'évaluation de l'activité du stagiaire qu'il retourne à l'enseignant référent.

4) Modalités d'évaluation pédagogiques : le stagiaire devra restituer sa mise en situation professionnelle conformément aux modalités de contrôle continu de sa formation comme suit :

.....

NOMBRE D'ECTS (le cas échéant) : .....

Le tuteur de l'organisme d'accueil ou tout membre de l'organisme d'accueil appelé à se rendre dans l'établissement d'enseignement dans le cadre de la préparation, du déroulement et de la validation du stage ne peut prétendre à une quelconque prise en charge ou indemnisation de la part de l'établissement d'enseignement.

Article 13 - Applicable law - Competent courts

This agreement shall be governed exclusively by French law.

Any disputes that cannot be amicably resolved shall be subject to the jurisdiction of the competent French courts.

Article 13 – Droit applicable – Tribunaux compétents

La présente convention est régie exclusivement par le droit français.

Tout litige non résolu par voie amiable sera soumis à la compétence de la juridiction française compétente.

FOR THE EDUCATIONAL INSTITUTION

(POUR L'ETABLISSEMENT D'ENSEIGNEMENT)

Name and signature of the representative of the institution

(Nom et signature du représentant de l'établissement)

Samrat Chakraborty.

MADE IN (FAIT A).....

THISDAYTHE (LE) 5th April, 2023

FOR THE HOST ORGANIZATION

(POUR L'ORGANISME D'ACCUEIL)

Name and signature of the representative of the host organization

(Nom et signature du représentant de l'organisme d'accueil)

MADEIN (FAITA).....

THISDAYTHE (LE).....

INTERN (AND LEGAL REPRESENTATIVE IF ANY)

(STAGIAIRE (ET SON REPRESENTANT LEGAL LE CAS ECHEANT))

Name and signature (Nom et signature)

Martin Jose

Date 27/3/2023

MADE IN (FAIT A) KHARAGPUR

THISDAYTHE (LE) 27th of March 2023

The referent teacher of the trainee

(Name and signature)

Prasanta Kumar Datta

The internship tutor of the host organization

(Name and signature)

MADE IN (FAIT A) Kharagpur

THISDAYTHE (LE) 27th March 2023

MADEIN (FAITA).....

THISDAYTHE (LE).....

The University reserves the right not to sign the internship agreement if it was sent after the beginning of the internship"

Form to be attached to this agreement (Fiche à annexer à la convention): ***Internship certificate (following page)*** *(Attestation de stage (page suivante)*

Office of International Relations
Indian Institute of Technology Kharagpur

Student Undertaking to Apply for Foreign Internship

Section A: Applicant details (to be filled in by student)			
Name :	MARTIN JOSE		
Roll Number:	19PH20017	Degree enrolled in:	Int. MSc.
Department/ School/ Centre:	PHYSICS	Expected date of graduation:	July 2024
Proposed Foreign internship details (to be filled in by student)			
Host organization (university/ laboratory) with full address	Laboratoire J.L Lagrange, Observatoire de la Côte d'Azur, Bd de l'Observatoire CS 34229-F 06304, Nice, France		
Name, title, contact of supervisor/mentor (if available)	Giorgio Krstulovic. email- krstulovic@oca.eu		
Title of project/ Name of activity:	Energy and momentum transfers between particles and Kelvin waves in quantum fluids		
Start date of internship:	7th May 2023	End date of internship :	25th July 2023
Source of funding & other support (self/ scholarship):	Agency: Charpak	Amount awarded: 0	Amount applied for: €1400
Undertaking by student:	• My internship does not violate any academic schedule or policy of IIT Kharagpur. I take full responsibility for my conduct during my visit and agree to strictly follow all guidelines laid down by my host university and host country and I understand that I am answerable to the Dean IR and Dean SA in case of any misconduct that may harm the Institute's reputation. • Once I accept the offer of an internship, I shall not renege on my acceptance, nor accept any other offer for internship from CDC/ Dept/ Any other source. • I shall keep OIR & CDC informed about internship offers I receive/accept/decline. • Failure to comply with the above may adversely affect my placement opportunities		
Post completion requirements (if any):	Nil		
I am using this form for (tick one):	An application made through OIR or ETP ✓	Requesting NOC from Dean IR	Other (specify):
Signature of student with date:	Martin 22.02.2023		
Section B: Departmental Approval (to be filled in by Dept./School/ Centre)			
Faculty Advisor (signature with date):	24/2/2023		
Head of Dept/ School/ Centre (signature with seal and date):	23/2/2023		
Section C: Institute Approval			
Chairperson CDC (signature with seal and date):	27/2/2023 Prof. Rajakumar A. Chairman, CDC		
Dean IR (signature with seal and date):	30/3/23 सह-संकायाध्यक्ष (अंतर्राष्ट्रीय संबंध एवं श्रेणी) Associate Dean (International Relations & Ranking) भा.प्रौ.सं. खड़गपुर/IIT Kharagpur		

Form updated 11th March 2020