Office of International Relations
Indian Institute of Technology
Kharagpur-721302

Ref. No. 1820/2023/OIR

Date: 06.04.2023

Sub: Request for the signature on the internship agreement requested by Venkata S S Grandhe (20ME10113)

With reference to the request made by Venkata S S Grandhe (20ME10113), a third year undergraduate student in the Dept of Mechanical Engineering, to carry out internship at Geosciences Laboratory, Universite de Rennes, France.

The necessary NoCs in this regard have been sought by V S S Grandhe. 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.

Associate Dean, IR & R 6/4/23

10.04.2023

Dean, OR & AA

Dean (Outreach)
IIT Kharagpur

Date:- 05/04/23

To Dean Outreach,
Indian Institute of Technology Kharagpur.
Kharagpur - 721302.

Respected sir,

sub:- Request to sign an Internship agreement for my internship at University of Rennes, France.

I will be going for an internship to Geosciences Laboratory University of Rennes, France from 2/5/23 to 30/7/23 as a part of my summer compulsory internship.

I have attached an NOC signed by chairman CDC, my offer letter from host university and the internship agreement verified by Prof. Aditya Bandopadyay.

I need this document to be signed on an urgent basis as this is required for visa process.

I have also attached the Health Insurance (Travel) along with this do letter.

I sincerely request you to sign the document as soon as possible.

Thank you,

Yours sincerely,

Venkata Sai Saran Grandhe
20ME20113
gvsaisaran
Phone: +91 8985554555

To

Dean, IR & R

Indian Institute of Technology Kharagpur.

Kharagpur, West Bengal - 721302

Date - 6th April, 2023

Respected sir,

subject:- Declaration that I will bear the legal expenses of any dispute 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 Geosciences Laboratory, University of Rennes, France. As per Article 13 of the internship agreement, the agreement shall be governed by French law and any disputes that cannot be amically resolved shall be subject to the jurisdiction of the competent French courts. I here by agree to bear the legal expenses of any disputes of the aforementioned nature.

Grandhe Venkata sai Saran,

Third year undergraduate student,

Indian Institute of Technology, Kharagpur,

Roll.no: - 20ME10113

GVSaiSaran

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 ~~can~~ 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, HSD~~ Aditya Bandyopadhyay 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. I am.

Student Guard - Overseas Health Insurance Plan - Policy Schedule

TATA AIG INSURANCE
WITH YOU ALWAYS

Schedule Number:	7100950554	**Date Issued:**	05/04/2023
Insurance Plan:	Student Guard - Overseas Health Insurance Plan, Plan A	**Intermediary Code:**	0010805000
Zone:	Worldwide Excluding USA/Canada	**Applicant Name:**	Mr VENKATA SAI SARAN GRANDHE
Travel Dates:	**From:**02/05/2023 **To:**30/07/2023	**Applicant Phone No:**	8985554555
Email id:	saisarangv2002@gmail.com		
Duration:	90 days	**Customer GSTIN NO:**	
Applicant Address:	45/24-D26 FLAT NO 203 SAI RAM REGENCY,ASHOK NAGAR,KURNOOL,ANDHRA PRADESH,INDIA-518005		

PREMIUM		
Premium	INR	2,671.00
IGST (18%)	INR	480.78
TOTAL PREMIUM	INR	3,152.00

Important: The coverage provided is subject to the details and declaration made in the proposal to the company and the attached Policy Wordings.

BENEFITS	**MAXIMUM COVERAGE**	**DEDUCTIBLE**
AD & D 24 Hours	$10,000	
Felonious Assault (AD & D)	$5,000	
Accident & Sickness Medical Expenses Reimbursement	$50,000	$100
Child Care benefits	$250	
Coverage for Pre-existing Conditions under A & S	$500	
Maternity Benefit (Only Inpatient Treatment incl 1 month post Natal Cover) - Waiting Period - 10 Months	$500	
Ambulance Charges	$250	
Cancer screening and mammography examinations	$250	
Physiotherapy	$500	
Sickness Dental Relief	$250	$100
Assistance Services	Included	
Emergency Evacuation	$5,000	
Repatriation of Remains	$2,500	
Checked Baggage Loss (Per Item 10% and Per Bag 50% Limit)	$500	
Loss of Passport	$250	$30
Personal Liability	$1,00,000	$200
Study Interruption	$7,500	
Sponsor Protection	$10,000	
Compassionate Visit (2-Way Visit)	$1,500	
Bail Bond	$500	
Hijack Cash Benefit ($100 Per Day)	$500	1 Day
Missed Connection/Missed Departure	$250	$25
Trip Delay ($10 Per 12 Hrs.)	$100	12 Hrs
Fraudulent Charges (Payment Card Security)	$500	

NOTES
Notice of a medical condition/event must be provided to your assistance contact (see below) at time of care or as soon as possible afte.r emergency care; failure to do so may affect benefits and coverage
#The benefits mentioned in this table are applicable for every single insured individually covered under this policy

Special Terms and Conditions	

Agent/Broker Name: DIRECT
Agent/Broker License Code: TATA AIG
Agent/Broker Contact No: 18002667780

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

Authorized Signatory

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.

Consolidated Stamp Duty has been paid to the State Exchequer

Signature of the Insured / Proposer: _____

Student Guard - Overseas Health Insurance Plan - Policy Schedule

TATA AIG INSURANCE
WITH YOU ALWAYS

Schedule Number:	7100950554	**Date Issued:**	05/04/2023
Insurance Plan:	Student Guard - Overseas Health Insurance Plan, Plan A	**Intermediary Code:**	0010805000
Zone:	Worldwide Excluding USA/Canada	**Applicant Name:**	Mr VENKATA SAI SARAN GRANDHE
Travel Dates:	**From:**02/05/2023 **To:**30/07/2023	**Applicant Phone No:**	8985554555
Email id:	saisarangv2002@gmail.com		
Duration:	90 days	**Customer GSTIN NO:**	
Applicant Address:	45/24-D26 FLAT NO 203 SAI RAM REGENCY,ASHOK NAGAR,KURNOOL,ANDHRA PRADESH,INDIA-518005		

NOTES
Notice of a medical condition/event must be provided to your assistance contact (see below) at time of care or as soon as possible afte.r emergency care; failure to do so may affect benefits and coverage
#The benefits mentioned in this table are applicable for every single insured individually covered under this policy

For complete set of benefits, terms & conditons, please refer to policy wordings:
https://tata-cms.s3.ap-south-1.amazonaws.com/Student-Guard-Overseas-Health-Insurance-Plan-Policy-Wordings_8054f8299d.pdf

Insured #	Insured Name	Passport Number	Gender	Date of Birth	Age	Nominee
1	Mr VENKATA SAI SARAN GRANDHE	U8439611	Male	28/10/2002	20	VENKATA MURALI KRISHNA GRANDHE

Sponsor Name	Sponsor DOB	Sponsor Relation
VENKATA MURALI KRISHNA GRANDHE	12/06/1970	Father

Assistance Contact (For Insured only)

For excluding the Americas Policies:
Call: +91 – 022 68227600 (Call back facility Available)
Email - ea.tataclaims@europ-assistance.in

For the Americas Policies:
Please call: +1-833-440-1575 (Tollfree within US and Canada)
Email - tata.aig@europ-assistance.in

Address for Reimbursement Claim (For Insured only)

Claims Department
Tata AIG General Insurance company Ltd.
7th and 8th Floor, Romell Tech Park,
Cama Industrial Estate, Western Express Highway,
Goregaon(E), Mumbai, Maharashtra 400063.

Visit our website :www.tataaig.com OR
Email at customersupport@tataaig.com

OR Call our 24x7 toll free helpline 1800-266-7780 (all lines) or 1800-22-9966 (BSNL/MTNL)

US Medical Claims (For Providers Only)

Plan Type:	Student
Policy Certificate #:	7100950554
Mail Medical Claims to:	Europ Assistance India Star Hub Building number 2, floor 7, Near ITC Maratha, Andheri E Mumbai – 400 059 Please call: +1-833-440-1575 (Tollfree within US and Canada) Email id - tata.aig@europ-assistance.in

gmmi Global Medical Management

GSTIN: 27AABCT3518Q1ZW MUMBAI
Service Accounting Code: 9971

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

Authorized Signatory

Policy / Schedule No: 7100950554

Date Issued: 05/04/2023

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 VENKATA SAI SARAN GRANDHE

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

Student Guard - Overseas Health Insurance Plan

Proposal Form

TATA AIG INSURANCE

1. This is an application for insurance and issuance of this does not amount to acceptance of proposal by us. Commencement of risk under this proposal is subject to acceptance of the risk by us and receipt of premium. 2. The information declared by you in this form is the basis for issuance of the policy. 3. Please answer all questions carefully. Any incomplete, incorrect or partially correct answers may lead to rejection of the proposal and also might lead to cancelation of policy.

POS PAN No.* (Mandatory for POS Agent)		Proposal Form Number	PR/23/7100178721
Producer Name	DIRECT	Producer Code	0010805000

Proposer Details

Proposer Name	Mr VENKATA SAI SARAN GRANDHE

Personal Details of persons proposed for Insurance

Student Name	Mr VENKATA SAI SARAN GRANDHE				
Date of Birth	28/10/2002	Gender	Male	Passport No.	U8439611
PAN Card No.		In absence of Pan Card, please give details of any other authorized photo identification card Type and Number:			
Pre-existing details (if any)	No	If yes Details		Suffering since	
Residential Address					
City		State		PIN	
Tel. with area code: In India			While Overseas		
E-mail					

Sources of funds (Tick where applicable) ☐ Salary ☐ Business ☐ Others please specify_____

Purpose of visit: ☐ Leisure ☐ Employment ☐ Business ☐ Study ☐ Others

Nominee Details

In the event of the death of the Proposer any payment due under the Policy shall become payable to the nominee in accordance with the Policy terms and conditions. The nominee must be an immediate relative of the Proposer. The nominee for all other Insured Persons proposed to be insured shall be the Applicant himself/ herself

Nominee Name	DOB*	Relationship	Address
VENKATA MURALI KRISHNA GRANDHE		Father	

If the Nominee is minor, Name and Address of Appointee and relationship with Minor

Appointee Name	Relationship	Address

Travel Details

Insurance Plan Requested : Student Guard - Overseas Health Insurance Plan, Plan A					
Place of Study	France				
Departure Date	02/05/2023	Duration Plan Required For	30/07/2023	Number of Days	90 days

Sponsor Details

Person Name	VENKATA MURALI KRISHNA GRANDHE				
Date of Birth	12/06/1970	Gender		Relationship with Student	Father
Residential Address					
City		State		PIN	

Payment Details

Name of the Premium Payer			
Relationship with the proposer		Premium Amount (in Rs.)	3,152.00

Instrument type : Deposit
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

DECLARATION & WARRANTY ON BEHALF OF ALL PERSONS PROPOSED TO BE INSURED

-

- I/ We hereby declare, on my behalf and on behalf of all persons proposed to be insured that the above statements, answers and/or particulars given by me are true and complete in all respects to the best of my knowledge and that I/We am/ are authorized to propose on behalf of these other persons.
- I understand that the information provided by me will form the basis of insurance policy, is subject to the Board approved underwriting policy of the Insurance company and that the policy will come into force only after full receipt of the premium chargeable.
- I/ We further declare that I/We will notify in writing any change occurring in the occupation or general health of the life to be insured/ proposer after the proposal has been submitted but before communication of the risk acceptance by the company.
- I/We declare and consent to the company seeking medical information from any hospital who at anytime has attended on the life to be insured/ proposer or from any past or present employer concerning anything which affects the physical and mental health of the life to be assured/proposer and seeking information from any insurance company to which an application for insurance on the life to be assured/ proposer has been made for the purpose of underwriting the proposal and/or claim settlement.
- I/ We authorize the company to share information pertaining to my proposal including the medical records for the sole purpose of proposal underwriting and/or claims settlement and with any Governmental and/or Regulatory Authority.
- I authorize Tata AIG General Insurance Company Limited and associate partners to contactmevia e-mail, phone or SMS.

Date: 05/04/2023 Place: Signature of Proposer

AML guidelines :

1. I/we hereby confirm that all premiums paid / payable in future will be from bonafide sources and not paid out of proceeds of crime and that such premiums are not disproportionate to my/our income. I / we understand that the Company has the right to call for documents to establish sources of funds and to cancel the insurance policy in case I / we are found guilty by any competent court of law under any of the statutes, directly or indirectly governing the prevention of money laundering law in India.
2. I / we are not Politically Exposed Persons * nor are their close relatives. I / we shall keep the company informed if we subsequently become a Politically Exposed Person.
   "Politically Exposed Persons" shall have the meaning assigned to it under sub clause (xii) of 3(b) of Chapter I of Master Direction – Know Your Customer (KYC) Direction, 2016 issued by Reserve Bank of India (RBI), as amended from time to time

- **Nationality :** Indian ☐ Non-Indian ☐ If Non-Indian, please specify Country:
- **Type of Organization :**

  Corporations ☐ Governments ☐ Non Governmental Organizations ☐ Society ☐

  Trust ☐ Partnership ☐ International Organization ☐ Cooperatives ☐

  Section 25 Company ☐

Additional Information

(If there is insufficient space to provide additional relevant information, whether as requested or otherwise, please attach extra sheet duly signed.)

Date: 05/04/2023

_____

Signature of the Insured Person / Proposer

Declaration: The content of this form along with product benefits, terms/conditions and exclusions have been clearly explained to me. I/we have understood these and confirm to abide by the policy terms & conditions.

Signature of the Proposer:

Name & Signature of agent/intermediary: DIRECT Code: 0010805000

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) : TATA AIG

Name of the specified Person and code:

Place:_____ Date: 05/04/2023 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:

DIRECT

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.

Tata AIG General Insurance Company Limited
Registered Office: Peninsula Business Park, Tower A, 15th Floor, G.K. Marg,
Lower Parel, Mumbai – 400013
24X7 Toll Free No: 1800 266 7780 or 1800 22 9966 (For Senior Citizens) Fax: 022 6693 8170
Email: customersupport@tataaig.com Website: www.tataaig.com
IRDA of India Registration No: 108 CIN:U85110MH2000PLC128425 UIN No:TATTIOP23096V032223

Student Guard - Overseas Health Insurance Plan

CUSTOMER INFORMATION SHEET

TATA AIG INSURANCE
WITH YOU ALWAYS

The information mentioned below is illustrative and not exhaustive. Information must be read in conjunction with the product brochures andpolicy document. In case of any conflict between the Key Features Document and the policy document the terms and conditions mentionedin the policy document shall prevail.

Title	Description	Refer To Policy Clause Number
Product Name	**Student Guard - Overseas Health Insurance Plan**	
What am I covered for:	1. **Accidental Death and Dismemberment (Including Felonious Assault) -** coverage for Death and Dismemberment arising due to an Accident or due to felonious assault while the insured is abroad. 2. **Accident & Sickness Medical Expenses Reimbursement -** - provides coverage for medical expenses incurred towards the treatment due to accidental injuries/sickness. **Special Extensions -** • **Coverage for Pre existing Conditions -** Medical expenses due to Pre existing Condition in case of Life threatening unforeseen emergency subject to maximum amount as provided in the schedule of benefits; In such event, measures solely designed to relieve acute pain, provided to the Insured by the Physician for Disease/accident arising out of a pre-existing condition would be reimbursed. The treatment for these emergency measures would be paid till the insured becomes medically stable or is relieved from acute pain. • **Maternity Benefit -** Coverage is towards Inpatient Medical expenses related to pregnancy and termination of pregnancy as a result of physician's advice to terminate pregnancy due to medical reasons and not due to insured person's choice to terminate pregnancy, subject to waiting period of 10 months from the effective date of Policy. • **Childcare benefits -** Coverage is towards the hospitalization of a child who is in between the age of 7 days - 90 days, and is hospitalized for 2 days or more for any ailment. • **Treatment for mental and nervous disorders, including alcoholism and drug dependency** • **Cancer screening and mammography examinations -** Coverage is towards reasonable and customary charges incurred for the Cancer Screening and mammographic examination which are done on recommendation of a physician. Any tests done as a part of preventive health check-up are not included under this benefit. • **Physiotherapy -** Coverage is for the ongoing physiotherapy to treat a disablement due to an accident unless this is recommended in writing by the treating registered medical practitioner 3. **Sickness Dental Relief** - provides coverage for the medical expenses incurred whilst overseas towards the treatment of sudden acute pain of Sound natural tooth which requires immediate dental treatment. Coverage of such expenses is limited to within 30 Days of date of the first treatment. 4. **Assistance :** Medical Assistance, Medical Evacuation, Repatriation, Legal Assistance, Lost Luggage or Lost Passport, General Assistance, Pre- Departure Services, Emergency Travel Agency. 5. **Emergency Medical Evacuation** - Medical evacuation of insured to nearest hospital or back to India for medical treatment subject to the certification by treating Physician that the severity or the nature of the Injury or Sickness warrants Emergency Evacuation. 6. **Continuing Treatment (following Medical Evacuation to your Country of Origin)** - coverage for continuing medical treatment following the repatriation to country of origin provided claim under section 2 (ACCIDENT & SICKNESS MEDICAL EXPENSE) is accepted. Coverage is applicable for 60 days from the date of your return to your Country of origin up to the amount shown in the table of benefits. 7. **Repatriation of Remains** - covers cost of repatriating mortal remains of the insured to India. 8. **Baggage Loss** - covers loss, in the case of permanent loss of an entire piece of Checked Baggage, held in the care, custody and control of a Common Carrier, due to theft or due to misdirection by a Common Carrier or due to non- delivery at its destination while insured is a ticketed passenger on the Common Carrier	Benefits Covered Under the Policy

Title	Description	Refer To Policy Clause Number
What am I covered for:	9. **Baggage Delay** - We will reimburse You for the expense of necessary personal effects, if Your Checked Baggage is delayed or misdirected by a Common Carrier from the time You arrive at the destination stated on Your ticket. 10. **Loss of Passport** - coverage for necessary and reasonable expenses for obtaining a duplicate or new passport. 11. **Personal Liability** - covers damages for claims legally filed on insured against property damage and medical expenses to others as a result of bodily injury caused by insured in an accident. 12. **Study Interruption** - - provides reimbursement of un used tuition fees if Insured suffers any of the following condition and is not able to continue his/her studies for the remaining part of a school semester for which Tuition has been paid. • insured is hospitalized for more than one consecutive month for covered Injury / sickness or • in case of terminal illness or • in case medical repatriation or • in case of death of immediate family member 13. **Sponsor Protection** - In the event of injury to the Insured Person's Sponsor resulting in Death or Permanent Disablement, the Company shall reimburse the insured person the Tuition Fee incurred for the remaining period of this education upto the maximum limit stated in the Schedule of benefits. 14. **Compassionate Visit**- (a) Visit by Immediate Family Member If you are hospitalized for more than seven (7) consecutive days, we will cover the cost of a round trip economy class air ticket and accommodation expenses for an immediate family member to be at your bedside.(b) Visit by Student In the event of death or hospitalization of your parents(s)/ spouse/child(ren) for more than Seven (7) consecutive days, we will cover the cost of a round-trip economy class air ticket if your are required to visit your home country. 15. **Bail Bond** - covers bail bond cost as a result of false arrest or wrongful detention by any government or foreign power up to the amount stated in the Policy Schedule. 16. **Hijack Cash Benefit** - distress allowance if insured's common carrier has been hijacked. 17. **Missed Connections/Departure** - We will reimburse Reasonable Additional Expenses due to Missed Connections, or missed departure by Your scheduled airline, on your onward/ return journey 18. **Trip Delay** - coverage for additional expenses if insured trip is delayed for more than 12 hours due to inclement weather, strike with common carrier or equipment failure of the common carrier 19. **Fraudulent Charges (Payment Card Security)** - we will reimburse the unauthorized charges that you are responsible for on your lost or stolen payment card.	Benefits Covered Under the Policy
What are the major exclusions in the policy:	This entire Policy does not provide benefits for any loss resulting in whole or in part from, or expenses incurred, directly or indirectly in respect of: 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. expenses related to any Pre-existing Condition or any complication arising there from it unless due to Life threatening unforeseen emergency subject to maximum amount shown in the table of benefits; or 3. serving in any branch of the Naval, Military or Air Forces of any country, whether in peace or War	Exclusions

Title	Description	Refer To Policy Clause Number
What are the major exclusions in the policy:	4. being under the influence of intoxicating liquor or drugs or other Exclusions intoxicants except where the insured is not directly responsible for the injury / accident though under influence of intoxication 5. participation in an actual or attempted felony, riot, crime, misdemeanor, or civil commotion; or 6. operating or learning to operate any aircraft, or performing duties as a member of the crew on any aircraft; or 7. 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 8. ionising radiation or contamination by radioactivity from any nuclear fuel or from any nuclear waste from burning nuclear fuel; or 9. the radioactive, toxic, explosive or other dangerous properties of any explosive nuclear equipment or any part of that equipment; or 10. External congenital anomalies or any complications or conditions arising therefrom; or 11. 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. This exclusion does not apply to injuries resulting from inter collegiate sports. 12. any loss resulting directly or indirectly, contributed or aggravated or prolonged by childbirth or from pregnancy except for those expenses specified in Special Extensions section, or 13. 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; 14. any loss, injury, damage or legal liability arising directly or indirectly from: Travel in, to, or through Afghanistan, Cuba or Democratic Republic of Congo; or 15. any loss, injury, damage or legal liability directly or indirectly by: Any terrorist or member of a terrorist organization, narcotics trafficker, or purveyor of nuclear, chemical or biological weapons. 16. Any Unproven/Experimental treatment, non allopathic treatment, including but not limited to Any Ayurvedic, Homeopath or naturopathy treatments. 17. Any non medical expenses (list enclosed - Annexure I of policy wordings) Note: Pl. referpolicydocumentforcompletelist of exclusion.	Exclusions
Waiting Period	Waiting period of 10 months from the effective date of Policy for Inpatient Medical expenses related to pregnancy, termination of pregnancy and termination of pregnancy as a result of physician's advice to terminate pregnancy due to medical reasons and not due to insured person's choice to terminate pregnancy Extensions Point 1)	Benefits Covered under the Policy
Payout Basis	1. Claims under the Section ".Accident & Sickness Medical Expenses" will be eligible for cashless and claims under all other sections will be mandatorily reimbursement basis	
Cost Sharing	Deductible Applicable to the following Sections basis plan chosen - Accident & Sickness Medical Expenses, Sickness Dental Relief, Baggage Loss(Checked), Baggage Delay (After 12 hours only), Loss of passport. Personal Liability, Hijack Cash Benefit, Missed Connection/ Missed Departure and Trip Delay Benefit Chart	Benefit Chart
Renewal Conditions	(i) The Single Trip Insurance - The Single Trip Insurance is non-renewable, not cancelable and not refundable while effective. Cancellation of the Policy may be done only prior to the Effective Date stated in the Policy Schedule and will be subject to deduction of cancellation charge of Rs 350/- by Us. (ii) Annual Trip Insurance - The Annual Trip Insurance may be renewed with Our consent by the payment in advance of the total premium specified by Us, which premium shall be at Our premium rate in force at the time of renewal. • Cancellation of the Policy may be done prior to the Effective Date stated in the Policy Schedule and will be subject to deduction of cancellation charge of Rs 350/- by Us	General Terms and Clauses

Title	Description	Refer To Policy Clause Number
	• The policy shall be ordinarily renewable upon payment of premium unless the Insured Person or any one acting on behalf of an Insured Person has acted in an improper, dishonest or fraudulent manner or due to non cooperation by the Insured or any misrepresentation under or in relation to this policy or poses a moral hazard. • Grace period in payment up to 30 days from the premium due date is allowed where you can still pay your premium and continue your policy. Coverage would not be available for the period for which no premium has been received • We may extend the renewal automatically if opted by You in the Proposal Form and provided You are eligible for renewal as per age criteria as per Policy terms and paid the premiumteria as per Policy terms and paid the premium.	
Renewal Benefits	NA	
Cancellation	The policy may be terminated at any time on grounds of mis-representation, fraud, non-disclosure of material facts or non-cooperation of the insured by giving you a 15 Days notice, stating when such cancellation shall be effective. In the event of cancellation for mis-representation, fraud, non-disclosure of material facts, the policy shall stand cancelled ab-initio and there will be no refund of premium. If you cancel the Annual Trip Policy, the premium shall be computed in accordance with Our short rate table for the period the Policy has been in force, provided no claim has occurred and/or no travel has happened up to the date of cancellation. In the event a claim has occurred and/or travel has happened there shall be no return of premium.	General Terms and Clauses
How to Claim	• **Company Officials:** o In case of any grievance the Insured Person may contact through Website: www.tataaig.com Call us 24X7 toll free helpline **1800 266 7780** or **1800 22 9966** (Senior Citizen) Email us at **customersupport@tataaig.com** Write to us at: Customer Support, Tata AIG General Insurance Company Limited • **IRDAI:** o In case of no reply from Us with 15 days, You can approach Grievance Redressal Cell of the Consumer Affairs Department of IRDA of India by calling Toll Free Number **155255 (or) 1800 4254 732 or** send email to **complaints@irda.gov.in** • **Ombudsman:** o Details as mentioned in the policy wordings or alternatively please refer our web-site (www.tataaig.com).	General Terms and Clauses
	For Excluding Americas Policies: Call: +91 – 022 68227600 Email - EA.TATAclaims@europ-assistance.in **For the Americas Policies:** Please call: +1-833-440-1575 (Toll free within US and Canada) Email - tata.aig@europ-assistance.in **While In India-, contact at below numbers for any claim related assistance -** Toll Free No 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 – 66272829, 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	Redressal of Grievance

(LEGAL DISCLAIMER) NOTE: The information must be read in conjunction with the product brochure and policy document. In case of any conflict between the Key Features Document and the policy document the terms and conditions mentioned in the policy document shall prevail.

Université de Rennes

Academic year: 2022/2023
(Année universitaire)

Internship agreement between
(Convention de stage entre)

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

Name (Nom): Indian Institute of Technology Kharagpur

Address (Adresse): Kharagpur, West Bengal, India

☎

Represented by (agreement-signing party) (Représenté par (signataire de la convention)):
PROF. JAYANTA MUKHOPADHYAY

Capacity of the representative (Qualité du représentant):
DEAN, OUTREACH AND ALUMNI AFFAIRS

Department/UFR (Composante/UFR):
DEPARTMENT OF COMPUTER SCIENCE AND ENGINEERING

☎ +91-3222-282036

email: dean.or@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): Géosciences Rennes

Address (Adresse): Bât.15 Campus de Beaulieu, 263 avenue Général Leclerc, 35042 RENNES CEDEX, FRANCE

Represented by (agreement-signing party) (Représenté par (nom du signataire de la convention)): Olivier Bochet

Capacity of the representative (Qualité du représentant):
Postdoctoral Fellow

Department in which the internship will be conducted (Service dans lequel le stage sera effectué): Geosciences Rennes

☎ +33 223233416

email: dirgeosc@univ-rennes1.fr

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): Grandhe First name (Prénom): Venkata Sai Saran Sex: F ☐ M ☑ Date of Birth (Né le): 28 /10/ 2002

Address (Adresse): H.No 45/24-D26-203, Sai Ram Regency, Ashok Nagar, Kurnool, Andhra Pradesh, India
Pincode: 518005

☎ +918985554555 email: saisarangv2002@kgpian.iitkgp.ac.in

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))
Mechanical Engineering

SUBJECT OF INTERNSHIP (SUJET DE STAGE) Prospective work for the development of a low-cost flowmeter able to measure subsurface fluxes

Dates: From (Du) 02/05/2023 To (Au) 30/07/2023

Representing a **total duration** of 13 (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) 61 actual days of attendance at the host organization (Jours de présence effective dans l'organisme d'accueil)

and corresponding to (Et correspondant à) 488 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):
Aditya Bandopadhyay

Position (or discipline) (Fonction (ou discipline)): Assistant Professor, Department of Mechanical Engineering, IIT Kharagpur

☎ email: aditya@mech.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):
Olivier Bochet

Position (Fonction): Post-doctoral Fellow

☎ email: olivier.bochet@univ-rennes1.fr

Primary health insurance agency to contact in case of accident (corresponds to intern's place of residence, unless otherwise specified):
(Caisse primaire d'assurance maladie à contacter en cas d'accident (lieu de domicile du stagiaire sauf exception)) TATA AIG INSURANCE

Article 1 - Purpose of the Agreement
This Agreement governs the host organization's relationship with the educational institution and the intern.

Article 1 – Objet de la convention
La présente convention règle les rapports de l'organisme d'accueil avec l'établissement d'enseignement et le stagiaire.

Article 2 - Objective of Internship
The internship is a temporary period of work in a professional environment, where the student will acquire professional skills and put into practice the knowledge gained from his education in view of earning a diploma or certificate, and facilitating his professional integration. 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.
ACTIVITIES ASSIGNED:
Numerical modeling to size the instrument and find the best configuration.
Design the flowmeter according to the model's results.
Use an open-source microcontroller to drive the flowmeter, collect and store the data. Analyze the results and provide avenues for improvment
SKILLS TO BE ACQUIRED OR DEVELOPED:
Create and run a numerical model (heat and solute transport).....
Use and program open-source microcontrolers and low-cost sensors.....
Basic hydrogelogy / hydrology, in particular river-groundwater exchanges....

Article 2 – Objectif du stage
Le stage correspond à une période temporaire de mise en situation en milieu professionnel au cours de laquelle l'étudiant(e) acquiert des compétences professionnelles et met en œuvre les acquis de sa formation en vue de l'obtention d'un diplôme ou d'une certification et de favoriser son insertion professionnelle. Le stagiaire se voit confier une ou des missions conformes au projet pédagogique défini par son établissement d'enseignement et approuvées par l'organisme d'accueil.
Le programme est établi par l'établissement d'enseignement et l'organisme d'accueil en fonction du programme général de la formation dispensée.
ACTIVITES CONFIEES : ...
COMPETENCES A ACQUERIR OU A DEVELOPPER : ....

Article 3 - Terms of Internship
The weekly duration of the intern's presence at the host organization will be .....39..... hours, on a **full time** / part time basis (*cross out the inappropriate item*)

If the intern's presence at the host organization is to be required at night, or on Sunday or during a public holiday, specify the specific cases:
The presence of the intern could be required at night during field experiments.....
.....
.....

Article 3 – Modalités du stage
La durée hebdomadaire de présence du stagiaire dans l'organisme d'accueil sera de ..... heures sur la base d'un temps complet/ temps partiel (rayer la mention inutile),
Si le stagiaire doit être présent dans l'organisme d'accueil la nuit, le dimanche ou un jour férié, préciser les cas particuliers : .....

Article 4 - Intern hosting and supervision
The intern will be supervised by his academic advisor, as designated in this agreement, as well as by the institution's internship program office.
The internship supervisor appointed by the host organization in this Agreement shall be responsible for supervising the intern and ensuring optimal conditions for the execution of the internship in accordance with the specified educational requirements.
The intern shall be permitted to return to his educational institution during the internship period in order to take the courses specifically required by the program, or to attend meetings; the institution shall notify the host organization of the corresponding dates.
The host organization may permit the intern to travel.
Any difficulties encountered in the execution and progress of the internship,

(4 – continued)
whether observed by the intern or by the internship supervisor, must be brought to the attention of the academic advisor and the educational institution so that the issue can be resolved as quickly as possible.

SUPERVISORY PROCEDURES (visits, scheduled telephone calls, etc.)
Visioconference or telephone calls.....
.....
.....
.....

Article 4 – Accueil et encadrement du stagiaire
Le stagiaire est suivi par l'enseignant référent désigné dans la présente convention ainsi que par le service de l'établissement en charge des stages.
Le tuteur de stage désigné par l'organisme d'accueil dans la présente convention est chargé d'assurer le suivi du stagiaire et d'optimiser les conditions de réalisation du stage conformément aux stipulations pédagogiques définies.
Le stagiaire est autorisé à revenir dans son établissement d'enseignement pendant la durée du stage pour y suivre des cours demandés explicitement par le programme, ou pour participer à des réunions ; les dates sont portées à la connaissance de l'organisme d'accueil par l'établissement.
L'organisme d'accueil peut autoriser le stagiaire à se déplacer.
(Article 4 suite) Toute difficulté survenue dans la réalisation et le déroulement du stage, qu'elle soit constatée par le stagiaire ou par le tuteur de stage, doit être portée à la connaissance de l'enseignant-référent et de l'établissement d'enseignement afin d'être résolue au plus vite.
MODALITES D'ENCADREMENT (visites, rendez-vous téléphoniques, etc) ...

Article 5 - Stipend - Benefits
In France, whenever an internship is to have a duration greater than two months, whether they run consecutively or not, a stipend must be paid, except as provided under special regulations applicable for certain French overseas collectivities or for internships covered by article L4381-1 of the Public Health Code.
The amount of the hourly stipend shall be 15% of the hourly ceiling for social security established pursuant to article L.241-3 of the Social Security Code. A sector-specific convention or labor agreement may set an amount greater than that rate.
Stipends payable by an organization under public law may not be combined with any remuneration to be paid by the same organization during the relevant period.
Stipends are payable without prejudice to any reimbursement of expenses incurred by the intern for purposes of his internship, or any benefits offered for meals, accommodations and transportation.
The organization may decide to pay a stipend for internships with a duration of two months or less.
In case of a suspension or termination of this agreement, the amount of the stipend due to the intern shall be prorated based on the duration of the internship conducted.
Internship durations qualifying for the payment of a stipend are determined in consideration of this agreement and any amendments thereto, as well as the number of days of the intern's physical presence within the organization.

THE AMOUNT OF THE STIPEND is set at €.....4,05..... per **hour** / day / month (*cross out any inappropriate items*)

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

Article 5 – Gratification - Avantages
En France, lorsque la durée du stage est supérieure à deux mois consécutifs ou non, celui-ci fait obligatoirement l'objet d'une gratification, sauf en cas de règles particulières applicables dans certaines collectivités d'outre-mer françaises et pour les stages relevant de l'article L4381-1 du code de la santé publique.
Le montant horaire de la gratification est fixé à 15 % du plafond horaire de la sécurité sociale défini en application de l'article L.241-3 du code de la sécurité sociale. Une convention de branche ou un accord professionnel peut définir un montant supérieur à ce taux.
La gratification due par un organisme de droit public ne peut être cumulée

(5 – suite)
avec une rémunération versée par ce même organisme au cours de la période concernée.
La gratification est due sans préjudice du remboursement des frais engagés par le stagiaire pour effectuer son stage et des avantages offerts, le cas échéant, pour la restauration, l'hébergement et le transport.
L'organisme peut décider de verser une gratification pour les stages dont la durée est inférieure ou égale à deux mois.
En cas de suspension ou de résiliation de la présente convention, le montant de la gratification due au stagiaire est proratisé en fonction de la durée du stage effectué.
La durée donnant droit à gratification s'apprécie compte tenu de la présente convention et de ses avenants éventuels, ainsi que du nombre de jours de présence effective du/de la stagiaire dans l'organisme.
LE MONTANT DE LA GRATIFICATION est fixé à. ... € par heure / jour / mois (rayer les mentions inutiles)
AUTRES AVANTAGES ACCORDES: .....

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 when required, 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 lorsque celle-ci le demande.
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 Maximum stipend of 15 % of the hourly ceiling for social security:
The stipend is not subject to payroll tax.
The intern shall have the benefit of the legislation on workplace accidents, under the students' framework set forth in article L.412-8 no. 2 of the Social Security code.
If accidents impacting the intern occur, either during his activities within the organization, or during his commute, or on premises used for the purposes of the internship, and also for students of medicine, dental surgery, or pharmacy without hospital-staff status, engaged in an internship conducted under the conditions provided in item b of the 2nd section of Article L.412-8, the host organization shall send a statement to the Primary Health Insurance Agency or appropriate agency (see address on page 1), indicating the educational institution as the employer, and shall send a copy to the educational institution as well.

6-1 Gratification d'un montant maximum de 15 % du plafond horaire de la sécurité sociale :
La gratification n'est pas soumise à cotisation sociale.
Le stagiaire bénéficie de la législation sur les accidents de travail au titre du régime étudiant de l'article L.412-8 2° du code de la sécurité sociale.
En cas d'accident survenant au stagiaire soit au cours d'activités dans l'organisme, soit au cours du trajet, soit sur les lieux rendus utiles pour les besoins du stage et pour les étudiants en médecine, en chirurgie dentaire ou en pharmacie qui n'ont pas un statut hospitalier pendant le stage effectué dans les conditions prévues au b du 2e de l'article L.412-8, l'organisme d'accueil envoie la déclaration à la Caisse Primaire d'Assurance Maladie ou la caisse compétente (voir adresse en page 1) en mentionnant l'établissement d'enseignement comme employeur, avec copie à l'établissement d'enseignement.

6.2 - Stipend greater than 15% of the hourly ceiling for social security:
Payroll taxes are calculated based on the difference between the amount of the stipend and 15% of the hourly ceiling for social security.
The student shall have the benefit of legal coverage under the provisions of L.411-1 et seq. of the social security code. If accidents impacting the intern occur, either during his activities within the organization, or during his commute, or on premises used for the purposes of the internship, the host organization shall handle the necessary formalities with the Primary Health Insurance Agency and shall inform the institution as soon as possible.

***6.2 – Gratification supérieure** à 15 % du plafond horaire de la sécurité sociale :*
Les cotisations sociales sont calculées sur le différentiel entre le montant de la gratification et 15 % du plafond horaire de la Sécurité Sociale.
L'étudiant bénéficie de la couverture légale en application des dispositions des articles L.411-1 et suivants du code de la Sécurité Sociale. En cas d'accident survenant au stagiaire soit au cours des activités dans l'organisme, soit au cours du trajet, soit sur des lieux rendus utiles pour les besoins
(6.2 suite)
de son stage, l'organisme d'accueil effectue toutes les démarches nécessaires auprès de la Caisse Primaire d'Assurance Maladie et informe l'établissement dans les meilleurs délais.

6.3 - Health Insurance for interns working abroad
1) Coverage originating in the French students' 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 6.3-1 shall apply.

6.3 – 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).

(6.3 – suite)
Si aucune case n'est cochée, le 6.3 – 1 s'applique.

6.4 Workplace Accident Coverage for interns abroad

1) In order to benefit from French legislation providing coverage for workplace accidents, this internship must:
- have a duration not exceeding six months, including any extensions;
- not include any remuneration that may tend to qualify for rights to workplace accident protection in the host country; compensations or stipends are acceptable, up to the limit of 15% of the hourly ceiling for social security (see point 5), and subject to approval by the Primary Health Insurance Agency of a request for the maintenance of such rights;
- take place exclusively within the organization signing this agreement;
- take place exclusively in the abovementioned foreign host country.

When these conditions are not met, the host organization undertakes to contribute to the intern's welfare protection and make the necessary declarations in case of workplace accidents.

2) The workplace accident statement is the responsibility of the educational institution, which must be informed of such events in writing within 48 hours by the host organization.

3) The coverage concerns accidents occurring:
- within the internship location and during internship working hours,
- on the normal commute to and from the intern's residence in the foreign nation and the internship location,
- as part of an assignment provided by the intern's host organization upon formal assignment mandate,
- during the first trip from his domicile to his place of residence during the internship (travel on the internship start date),
- during the final return trip from his residence during the internship to his personal domicile.

4) In the event that one of the conditions set forth in section 6.4-1 / is not satisfied, the host organization commits to cover the intern for the risks of workplace accidents, travel accidents, and occupational disease, and provide all the necessary statements of coverage.

5) In all cases:
- if the student is the victim of a workplace accident during his internship, the host organization must immediately notify the educational institution of the accident;
- if the student performs limited assignments outside of the host organization or outside of the internship country, the host organization must take all necessary steps to provide him with the appropriate insurance.

6.4 Protection Accident du Travail du stagiaire à l'étranger

1) Pour pouvoir bénéficier de la législation française sur la couverture accident de travail, le présent stage doit :
- être d'une durée au plus égale à 6 mois, prolongations incluses ;
- ne donner lieu à aucune rémunération susceptible d'ouvrir des droits à une protection accident de travail dans le pays d'accueil ; une indemnité ou gratification est admise dans la limite de 15 % du plafond horaire de la sécurité sociale (cf point 5), et sous réserve de l'accord de la Caisse Primaire d'Assurance Maladie sur la demande de maintien de droit ;
- se dérouler exclusivement dans l'organisme signataire de la présente convention ;
- se dérouler exclusivement dans le pays d'accueil étranger cité.
Lorsque ces conditions ne sont pas remplies, l'organisme d'accueil s'engage à cotiser pour la protection du stagiaire et à faire les déclarations nécessaires en cas d'accident de travail.
2) La déclaration des accidents de travail incombe à l'établissement d'enseignement qui doit en être informé par l'organisme d'accueil par écrit dans un délai de 48 heures.
3) La couverture concerne les accidents survenus :
• dans l'enceinte du lieu du stage et aux heures du stage,
• sur le trajet aller-retour habituel entre la résidence du stagiaire sur le territoire étranger et le lieu du stage,
• dans le cadre d'une mission confiée par l'organisme d'accueil du stagiaire et obligatoirement par ordre de mission,
• lors du premier trajet pour se rendre depuis son domicile sur le lieu de sa résidence durant le stage (déplacement à la date du début du stage),
• lors du dernier trajet de retour depuis sa résidence durant le stage à son domicile personnel.
4) Pour le cas où l'une seule des conditions prévues au point 6.4-1/ n'est pas remplie, l'organisme d'accueil s'engage à couvrir le/la stagiaire contre le risque d'accident de travail, de trajet et les maladies professionnelles et à en assurer toutes les déclarations nécessaires.
5) Dans tous les cas :

(6.4 – suite)
• si l'étudiant est victime d'un accident de travail durant le stage, l'organisme d'accueil doit impérativement signaler immédiatement cet accident à l'établissement d'enseignement ;
• si l'étudiant remplit des missions limitées en-dehors de l'organisme d'accueil ou en-dehors du pays du stage, l'organisme d'accueil doit prendre toutes les dispositions nécessaires pour lui fournir les assurances appropriées.

Article 7 - Liability and Insurance

The host organization and the intern declare that they possess civil liability coverage.
For internships abroad or in overseas territories, the intern agrees to take out a travel assistance insurance contract (repatriation for health reasons, legal assistance, etc.) and an individual accident insurance policy.
When the host organization makes a vehicle available to the intern, it is its responsibility to check beforehand that the car's insurance policy includes coverage for its use by a student.
When the student is to use his own vehicle or a vehicle loaned by a third party for purposes of his internship, he shall expressly inform the insurer of the vehicle and, where applicable, pay the corresponding premium.

Article 7 – Responsabilité et assurance

L'organisme d'accueil et le stagiaire déclarent être garantis au titre de la responsabilité civile.
Pour les stages à l'étranger ou outremer, 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.

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

In France (except as provided under special regulations applicable for certain French overseas collectivities or for organizations under public law), in case of pregnancy, paternity or adoption, the intern shall be granted time off and leaves of absence for a period equivalent to that granted to employees under articles L.1225-16 to L.1225-28, L.1225-35, L.1225-37, and L.1225-46 the labor code.
Time off or leaves of absence are possible for internships lasting more than 2 months but less than 6 months.
NUMBER OF DAYS OF AUTHORIZED LEAVE / or terms of time off and leaves of absence during the internship: .....183.....
The host organization shall notify the educational institution of any other temporary interruption of the internship (illness, unjustified absence, etc.) by mail.
Notice of any interruption of the internship shall be provided to the other parties to the agreement and the academic advisor. A validation procedure

(9 – continued)
shall be implemented by the educational institution as needed.
A postponement of the internship end date is possible, if approved by the parties to the agreement, so as to permit the full duration of the internship as originally planned. This postponement will be the subject of an amendment to the internship agreement.
If a joint request is made by the host organization and the intern to extend the duration of the internship up to the maximum duration prescribed by law (6 months), an amendment may be made to the agreement.
If any of the three parties (host organization, intern, educational institution) wish to put an end to the internship, such party must immediately inform the other two parties in writing. The reasons given will be examined in close consultation. The definitive decision to terminate the internship shall be made at the end of this consultation phase.

Article 9 – Congés – Interruption du stage
En France (sauf en cas de règles particulières applicables dans certaines collectivités d'outre-mer françaises ou dans les organismes de droit public), en cas de grossesse, de paternité ou d'adoption, le stagiaire bénéficie de congés et d'autorisations d'absence d'une durée équivalente à celle prévues pour les salariés aux articles L.1225-16 à L.1225-28, L.1225-35, L.1225-37, L.1225-46 du code du travail.
Pour les stages dont la durée est supérieure à deux mois et dans la limite de la durée maximale de 6 mois, des congés ou autorisations d'absence sont possibles.
NOMBRE DE JOURS DE CONGES AUTORISES / ou modalités des congés et autorisations d'absence durant le stage : ...
Pour toute autre interruption temporaire du stage (maladie, absence injustifiée...) l'organisme d'accueil avertit l'établissement d'enseignement par courrier.
Toute interruption du stage, est signalée aux autres parties à la convention et à l'enseignant référent. 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. Ce report fera l'objet d'un avenant à la convention de stage.
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).
En cas de volonté d'une des trois parties (organisme d'accueil, stagiaire, établissement d'enseignement) d'arrêter le stage, celle-ci doit immédiatement en informer les deux autres parties par écrit. Les raisons invoquées seront examinées en étroite concertation. La décision définitive d'arrêt du stage ne sera prise qu'à l'issue de cette phase de concertation.

Article 10 - Duty of discretion and confidentiality
The duty of confidentiality must at all times be observed, with its specific aspects taken into account by the host organization. The intern commits to refrain from using the information collected or obtained by him, under any circumstances, for purposes of publication or disclosure to third parties without prior consent of the host organization, including in the internship report. This commitment applies not only to the internship period but shall extend after its conclusion as well. The intern commits to not retain, remove, or copy any documents or software of any kind belonging to the host organization, except upon prior approval from the latter.
For purposes of preserving the confidentiality of the information contained in the internship report, the host organization may request a restriction on the distribution of the report, or the removal of certain confidential information.
Persons with a need to know shall be constrained by commitments to professional secrecy to refrain from any use or disclosure of the information in the report.

Article 10 – Devoir de réserve et confidentialité
Le devoir de réserve est de rigueur absolue et apprécié par l'organisme d'accueil compte-tenu de ses spécificités. Le stagiaire prend donc l'engagement de n'utiliser en aucun cas les informations recueillies ou obtenues pour en faire publication, communication à des tiers sans accord préalable de l'organisme d'accueil, y compris le rapport de stage. Cet engagement vaut non seulement pour la durée du stage mais également après son expiration. Le stagiaire s'engage à ne conserver, emporter, ou prendre copie d'aucun document ou logiciel, de quelque nature que ce soit, appartenant à l'organisme d'accueil, sauf accord de ce dernier.
Dans le cadre de la confidentialité des informations contenues dans le rapport de stage, l'organisme d'accueil peut demander une restriction de la diffusion du rapport, voire le retrait de certains éléments confidentiels.

(10 – suite)
Les personnes amenées à en connaître sont contraintes par le secret professionnel à n'utiliser ni ne divulguer les informations du rapport.

Article 11 - Intellectual Property
In accordance with the code of intellectual property, if the intern's activities result in the creation of a work protected by copyright or industrial property (including software), and the host organization wishes to make use of such work with the intern's approval, a contract must be signed between the intern (the author) and the host organization.
The contract must specifically include the extent of the rights to be transferred, any possible exclusivity requirements, the intended use, the media used, and the duration of the transfer of rights, as well as, if applicable, the amount of compensation due to the intern for the transfer. This clause shall apply regardless of the host organization's business structure.

Article 11 – Propriété intellectuelle
Conformément au code de la propriété intellectuelle, dans le cas où les activités du stagiaire donnent lieu à la création d'une œuvre protégée par le droit d'auteur ou la propriété industrielle (y compris un logiciel), si l'organisme d'accueil souhaite l'utiliser et que le stagiaire en est d'accord, un contrat devra être signé entre le stagiaire (auteur) et l'organisme d'accueil.
Le contrat devra alors notamment préciser l'étendue des droits cédés, l'éventuelle exclusivité, la destination, les supports utilisés et la durée de la cession, ainsi que, le cas échéant, le montant de la rémunération due au stagiaire au titre de la cession. Cette clause s'applique quel que soit le statut de l'organisme d'accueil.

Article 12 - End of internship - Report - Evaluation
1) Internship certificate: at the end of the internship, the host organization shall issue a certificate, a template for which is included as an appendix hereto, indicating as a minimum the effective duration of the internship, and, if applicable, the amount of the stipend paid. The intern will need to produce this certificate as supporting documentation in applying for benefits under the general retirement insurance framework, as provided under article L.351-17 of the social security code;
2) Internship Quality: Once the internship has ended, the parties to this agreement are invited to submit an assessment of the quality of the internship. The intern will send a document to the appropriate department of the educational institution in which he will evaluate the quality of the reception he was given by the host organization. This document will not be taken into consideration in his evaluation, or in awarding his diploma or certificate.
3) Evaluation of the intern's activity: Once the internship has ended, the host organization shall fill out an assessment form on the intern's activity, which it will return to the academic advisor (or specify form attached or assessment procedures previously established in cooperation with the academic advisor).
4) Educational Assessment Procedures: The intern shall (*specify the nature of the work to be provided - report, etc. - possibly by including an attachment*)
.....
NUMBER OF ECTS (if applicable): .....
No applicable.....
.....
.....
.....

5) Neither the academic supervisor from the host organization, nor any member of the host organization invited to visit the educational institution for purposes of 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.

(12 – suite)
3) Evaluation 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(ou préciser si fiche annexe ou modalités d'évaluation préalablement définis en accord avec l'enseignant référent).....
4) Modalités d'évaluation pédagogiques : le stagiaire devra (préciser la nature du travail à fournir –rapport, etc.- éventuellement en joignant une annexe)....
NOMBRE D'ECTS (le cas échéant) : ...
5) 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.

MADE IN *(FAIT A)* .....

THIS DAY THE *(LE)* .....

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)*

Sumit Chakraborty
10th April, 2023
.....
Dean (Outreach)
IIT Kharagpur

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)*

.....

INTERN (AND LEGAL REPRESENTATIVE IF ANY)

(STAGIAIRE (ET SON REPRESENTANT LEGAL LE CAS ECHEANT))
Name and signature
(Nom et signature)

Venkata Sai Saran Grandhe
GVSaisaran

The internship supervisor for the host organization

(LE TUTEUR DE STAGE DE L'ORGANISME D'ACCUEIL)
Name and signature
(Nom et signature)

.....

The intern's academic advisor

(L'ENSEIGNANT REFERENT DU STAGIAIRE)
Name and signature
(Nom et signature)

Aditya Bandopadhyay
.....

Forms to be attached to this agreement :
(Fiches à annexer à la convention)

① Internship certificate (following page)
(Attestation de stage (page suivante))

② Foreign internship form *(for information regarding social security, see the website cleiss.fr; for country-specific documentation see the website diplomatie.gouv.fr)*
(Fiche stage à l'étranger (pour informations sécurité sociale voir site cleiss.fr, pour fiches pays voir site diplomatie.gouv.fr))

③ Other appendices (if any)
(Autres annexes (le cas échéant))

① Internship certificate
(Attestation de stage)

LOGO OF THE HOST ORGANIZATION
(LOGO DE L'ORGANISME D'ACCUEIL)

INTERNSHIP CERTIFICATE
(ATTESTATION DE STAGE)
to be issued to the intern upon the conclusion of the internship
(à remettre au stagiaire à l'issue du stage)

THE HOST ORGANIZATION *(ORGANISME D'ACCUEIL)*

Name or company name *(Nom ou Dénomination sociale)*: .....

Address (*Adresse)*: .....

.....

☎ .....

Hereby certifies that *(Certifie que)*

THE INTERN *(LE STAGIAIRE)*

Last name *(Nom)*: ..... First name *(Prénom)*: ..... Sex: F ☐ M ☐ Date of Birth *(Né le)*: ___/___/_____

Address (*Adresse)*: .....

.....

☎ ..... . email: .....

A STUDENT OF (title of the training course or higher education curriculum being followed by the intern):

(ETUDIANT EN (intitulé de la formation ou du cursus de l'enseignement supérieur suivi par le ou la stagiaire))

.....

AT (name of the higher education institution or training organization) *(AU SEIN de (nom de l'établissement d'enseignement supérieur ou de l'organisme de formation))*:

.....

has completed an internship as part of his/her studies *(a effectué un stage prévu dans le cadre de ses études)*

INTERNSHIP DURATION *(DUREE DU STAGE)* .....

Internship start and end dates: **From** *(Du)* .....DD/MM/YYYY..... **To** *(Au)* .....DD/MM/YYYY.....
(Dates de début et de fin du stage)

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

The total duration of the internship is assessed in consideration of the actual presence of the student within the organization, subject any authorized time off and leaves of absence granted, as provided under article L.124-13 of the education code (art. L.124-18 of the education code). Each period of at least 7 hours of presence, whether consecutive or otherwise, is considered equivalent to one day of internship work, and each period equal to at least 22 days of presence, consecutive or otherwise, is considered equivalent to one month.

La durée totale du stage est appréciée en tenant compte de la présence effective du stagiaire dans l'organisme, sous réserve des droits à congés et autorisations d'absence prévus à l'article L.124-13 du code de l'éducation (art. L.124-18 du code de l'éducation). Chaque période au moins égale à 7 heures de présence consécutives ou non est considérée comme équivalente à un jour de stage et chaque période au moins égale à 22 jours de présence consécutifs ou non est considérée comme équivalente à un mois.

TOTAL AMOUNT OF STIPEND PAID TO THE INTERN : *(MONTANT DE LA GRATIFICATION VERSÉE AU STAGIAIRE)*

The intern has received an internship stipend **totaling** €.....
(Le stagiaire a perçu une gratification de stage pour un montant total de)

***The course certificate** is an indispensable element, for consideration, subject to the payment of a fee, of the internship work in determining retirement benefits. Retirement pensions legislation (Law No. 2014-40 of January 20, 2014) grants students **whose internship work is allocated a stipend** the possibility of having such work validated **within two calendar quarters**, subject to the **payment of a fee**. The **application is to be made by the student within the two years** of the end of the internship, and **requires the presentation of the internship certificate** indicating the total duration of the internship and the total amount of the stipends paid. Specific information regarding the fee to be paid and the procedure to follow may be requested from the Social Security administration (Social Security Code, art. L.351-17 - Education Code, art. D.124-9).*

L'attestation de stage est indispensable pour pouvoir, sous réserve du versement d'une cotisation, faire prendre en compte le stage dans les droits à retraite. La législation sur les retraites (loi n°2014-40 du 20 janvier 2014) ouvre aux étudiants dont le stage a été gratifié la possibilité de faire valider celui-ci dans la limite de deux trimestres, sous réserve du versement d'une cotisation. La demande est à faire par l'étudiant dans les deux années suivant la fin du stage et sur présentation obligatoire de l'attestation de stage mentionnant la durée totale du stage et le montant total de la gratification perçue. Les informations précises sur la cotisation à verser et sur la procédure à suivre sont à demander auprès de la sécurité sociale (code de la sécurité sociale art. L.351-17 – code de l'éducation art..D.124-9).

MADE IN *(Fait à)* .....
THIS DAY THE *(Le)* .....

Name, position and signature of the representative of the host organization *(Nom, fonction et signature du représentant de l'organisme d'accueil)*

Geosciences laboratory
University of Rennes, France

Rennes, 27/03/2023

To whom it may concern,

I confirm that Grandhe Venkata Sai Saran is invited for a summer internship in the Geosciences Rennes Laboratory from 02/05/2023 to 30/07/23. He will work on the development of a low-cost flowmeter to measure subsurface fluxes. Olivier Bochet, Post-doctoral Fellow at Geosciences Rennes laboratory, will be responsible for the supervision.

Olivier Bochet,
Post-doctoral fellow, Geosciences
Rennes, University of Rennes, France

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 :	Venkata Sai Saran Grandhe		
Roll Number:	20ME10113	**Degree enrolled in:**	B.Tech
Department/ School/ Centre:	Mechanical Engineering	**Expected date of graduation:**	May 2024
Proposed Foreign internship details (to be filled in by student)			
Host organization (university/ laboratory) with full address	Université de Rennes, Leclerc, 35042 RENNES CEDEX, FRANCE		
Name, title, contact of supervisor/mentor (if available)	Olivier Bochet, Postdoctoral Fellow, +33 223233416, olivier.bochet@univ-rennes1.fr		
Title of project/ Name of activity:	Prospective work for the development of a low-cost flowmeter able to measure subsurface fluxes		
Start date of internship:	02/05/2023	**End date of internship :**	30/07/2023
Source of funding & other support (self/ scholarship):	**Agency**	**Amount awarded**	**Amount applied for**
	Stipend	Accomodation, 4,05 Euros / hour	
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):			
I am using this form for (tick one):	An application made through OIR or FTP	Requesting NOC from Dean IR ✓	Other (specify):
Signature of student with date:	Gvsaisaran 31/03/23		
Section B: Departmental Approval (to be filled in by Dept./School/ Centre)			
Faculty Advisor (signature with date):	31.03.2023		
Head of Dept/ School/ Centre (signature with seal and date):	31.3.2023 विभागाध्यक्ष / Head यांत्रिकी अभियांत्रिकी विभाग Mechanical Engineering Department भा.प्रौ.सं. खड़गपुर/IIT Kharagpur		
Section C: Institute Approval			
Chairperson CDC (signature with seal and date):	2/04/23 Prof. Rajakumar A. Chairman, CDC		
Dean IR (signature with seal and date):	5/4/23 सह-संकायाध्यक्ष (अंतर्राष्ट्रीय संबंध एवं श्रेणी) Associate Dean (International Relations & Ranking) भा.प्रौ.सं. खड़गपुर/IIT Kharagpur		

Form updated 11th March 2020