



**Office of International Relations
Indian Institute of Technology
Kharagpur-721302**

Ref. No. 1829/2023/OIR

Date: 12.04.2023

Sub: Request for the signature on the internship agreement requested by Ayan Dey [20PH20008]

With reference to the request made by Ayan Dey (20PH20008), a third year undergraduate student in the Department of Physics, to carry out internship at CEA Paris-Saclay.

The necessary NoCs in this regard along with the medical insurance have been sought by Mr Ayan Dey. 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 consideration and signature please.


Associate Dean, IR & Ranking 12/4/23


Dean, Outreach & AA 13/4/23

To,
Dean Outreach
IIT Kharagpur
Kharagpur, West Bengal - 721302

Subject: Undertaking to take responsibility
in case of any damage linked to my
use of an automobile

Respected Professor,

I am taking all responsibility
in the case of any damage linked to my use of
an automobile that may have been made available
to me by the CEA. The duration of my internship is
from 2nd May 2023 to 7th July, 2023. I have taken
health, travel and personal liability insurance
from TATA AIG. I have selected for IIT Kharagpur
Foundation USA scholarship and CEA Paris-Saclay
will provide me 623.70 euros/month by which I
will manage all my expenses while staying in Saclay.

I, therefore, request you to
sign in my internship agreement so that I
can apply for visa and hopefully by getting visa
I can go forward to do my internship.

Date: 12.04.2023

Yours sincerely,
Ayam Aley
20PH20008

In the agreement the Article 6 Social Protection and Compensation

During the internship the student can retain social coverage in so far as his/her personal medical insurance is concerned or his/her other claim from parents or spouse's insurance is concerned. The student must have the corresponding insurance certificate.

The student must have the corresponding insurance certificate.

Article 7 Civil Responsibility And Insurance

The University declines all responsibility in the case of any damage linked to the trainee's use of an automobile that may have been made available to him/her by the CEA.

Trainee may give a declaration wherein he may take the responsibility in such event.

The student is expected to contribute to an insurance company of his/her choice, guaranteeing to its members repatriation insurance, along with a guarantee of legal liability, in defence and in appeals.

The inpatient health insurance coverage contract offered to him/her by the CEA covers these risks.

Contribution with financial responsibility taken over by the receiving agency or by the student. The student already covered for these risks otherwise must attest to such coverage.

The student may contribute to an insurance company, guaranteeing to its members repatriation insurance, along with a guarantee of legal liability, in defence and in appeals. Contribution with financial responsibility may be taken over by the student.

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

Senior Law Officer

my
11/04/2023

Asso. Dean (IR&R)

- (A) The insurance certificate has been obtained (Flag-A)
- (B) Declaration attached (Flag-B)
- (C) The student is made aware of Article 7.

To,
Dean, Faculty of Sciences

IIT Kharagpur
Kharagpur, West Bengal



To DR Acad.

The legal document can be signed only by Dean, I.R. Student should show financial support & insurance and documents. Please do the needful.

hkm/er
30.03.2023

Sub: Signature in my internship agreement for foreign internship

Dean, I.R.

To Legal officer for opinion on articles 5, 6, 7 and the annexures.
K. Chakraborty

Respected Professor,

My name is Ayam Jey. I am a third year undergraduate student of the Department of Physics enrolled in its Integrated M.Sc. course. I will be going for a foreign internship at CEA-Paris-Saclay, France for which I need your signature in my internship agreement in the "Legal Representative" section. I got no objection certificate from my institute for the same.

I will be grateful if you kindly sign in my internship agreement as soon as possible. Thank you so much.

Yours Sincerely
Ayam Jey
20PH20008

Date: 27/03/23

Forwarded to the Head Physics

Dy. Dir.
27/3/23

S. K.
Kannan S. S. S. S. S.
27/03/2023

Forwarded to the Dean fos

S. K.
28/3/2023

विभागाध्यक्ष/Head
भौतिक विज्ञान विभाग
Department of Physics
भा.प्र.सं. खड़गपुर/IIT Kharagpur



**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 :	AYAN DEY		
Roll Number:	20PH20008	Degree enrolled in:	INTEGRATED M.Sc.
Department/ School/ Centre:	PHYSICS	Expected date of graduation:	MAY, 2025
Proposed Foreign internship details (to be filled in by student)			
Host organization (university/ laboratory) with full address	Commissariat à l'énergie atomique (CEA)-Saclay, Ile de France, Gif sur Yvette 91191, France		
Name, title, contact of supervisor/mentor (if available)	Name - Dr. Raphaël Raynaud Université Paris Cité - UMR AIM, Département d'Astrophysique du CEA Saclay, Orme des Merisiers, Bât. 709, 91191, France		
Title of project/ Name of activity:	The Gravitational Wave signature of core-collapse Supernovas		
Start date of internship:	02 MAY 2023	End date of internship :	07 JULY 2023
Source of funding & other support (self/ scholarship):	Agency	Amount awarded	Amount applied for
	ChanPak Lab	N.A.	1400 Euros
Undertaking by student:	<ul style="list-style-type: none"> 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:	Ayan Dey, 14.02.2023		
Section B: Departmental Approval (to be filled in by Dept./School/ Centre)			
Faculty Advisor (signature with date):	 14/2/23		
Head of Dept/ School/ Centre (signature with seal and date):	 14/2/2023 		
Section C: Institute Approval			
Chairperson CDC (signature with seal and date):	 23/3/2023 		
Dean IR (signature with seal and date):	 23/3/23 		



Object: Acceptance letter for Research internship at the CEA

To whom it may concern

It is my pleasure to support Mr. Ayan Dey, a 3rd year Integrated Master in Physics student at Indian Institute of Technology Kharagpur in the IRFU/DAP/LMPA research group at CEA Saclay, for a research internship **from 02, May 2023 to 07, July 2023**.

I will be pleased to welcome Ayan Dey in my laboratory in order to investigate the gravitational wave signature of core-collapse supernovas. The project aims at establishing detection thresholds of the GW signal component due to proto-neutron star turbulent convection with the next generation of ground-based interferometers. The method will consist in the rescaling of 3D HPC numerical models of protoneutron star convection in order to produce a synthetic time evolution of a characteristic GW spectrum, according to physical scaling laws derived from 3D HPC models (see Raynaud et al., 2022, MNRAS 509, 3410-3422). The necessary requirements are good skills of scientific Python programming.

He will work under the direct supervision of Dr. Raphaël Raynaud (AIM, Université Paris-Cité) and Dr. Jérôme Guilet (CEA), with regular remote interactions with Pablo Cerda-Duran (University of Valencia).

During his stay, he will be provided with all facilities for work: an office at the Astrophysics Division of CEA Saclay, a laptop with internet access to the main astrophysical reviews, and a **stipend of 623,70 €/month**. He must, however, pay for his own travel and accommodation expenses.

On the 3rd of March 2023

Pierre-Olivier LAGAGE
Directeur d'AIM

Date : March 17, 2023

Internship Details

Internship At	CEA Paris-Saclay
Address	3 rue Joliot Curie, Building Breguet, 91190 Gif-sur-Yvette, France
NOC Type	NOC for Abroad
Position/Responsibility	Intern student
Tentative Task Topic	The first step will be to find a way to rescaling the Gravitational Wave spectrograms already obtained with 3D HPC simulations, in order to take into account the structural evolution of the protoneutron star as a function of time. In a second step, we will use these synthetic spectrograms to study the detectability of these gravitational signals with next generation ground based gravitational interferometers.
Duration	MAY 02, 2023 - JUL 07, 2023

Dear Sir/Madam

Kindly issue NOC to avail internship. I shall report to office of Dean with ID card within 3 days of the start of the semester.

Thanking you

Sincerely yours

Rollno	20PH20008
Name	Ayan Dey
Department	Physics
Email	ayandeycob@gmail.com
Phone	7550855208



[Signature]
20/3/23
Dept. Faculty Advisor

HOD/HOC/HOS

विभागाध्यक्ष/Head
भौतिक विज्ञान विभाग
Department of Physics
भा.प्र.सं. कलकत्ता/IIT Kharagpur



Direction du CEA/Paris Saclay
Département du Personnel et des relations Sociales

CONVENTION DE STAGE INTERNSHIP AGREEMENT

DATES DU STAGE : du 02/05/2023 au 07/07/2023

DATES OF THE INTERNSHIP

ENTRE / BETWEEN from 02/05/2023 to 07/07/2023

L'ETUDIANT / THE STUDENT: Ayan DEY

ADRESSE / ADDRESS: POST OFFICE- DEWANHAT, DISTRICT- COOCH BEHAR, STATE- WEST BENGAL, INDIA, 736134

CODE POSTAL / POSTAL CODE: 99999

TELEPHONE / PHONE NUMBER: +917550855208

PAYS / COUNTRY: KHARAGPUR, WEST BENGAL, INDIA

L'ORGANISME D'ACCUEIL : le COMMISSARIAT A L'ENERGIE ATOMIQUE ET AUX ENERGIES ALTERNATIVES, ci-après désigné CEA,
THE RECEIVING AGENCY: the FRENCH ALTERNATIVE ENERGIES AND ATOMIC ENERGY COMMISSION, hereinafter referred to as CEA,

Etablissement public de caractère industriel et commercial, dont le Siège est Bâtiment Le Ponant D, 25 rue Leblanc - 75015 PARIS, immatriculé au Registre du Commerce et des Sociétés de Paris sous le numéro R.C.S PARIS B 775 685 019 représenté par **Nathalie RIBEIRO**, agissant en qualité de Cheffe du DPRS par délégation du Directeur de Centre.
*Public establishment of an industrial and commercial nature, whose registered office is located at Bâtiment Le Ponant D, 25 rue Leblanc - 75015 PARIS, registered with the Trade Register of Paris under the number R.C.S PARIS B 775 685 019 represented by **Nathalie RIBEIRO**, acting in the capacity of the Head of the DPRS by delegation from the Director of the Centre.*

LIEU DU STAGE / LOCATION OF THE INTERNSHIP : CEA PARIS-SACLAY

NOM RESPONSABLE DE STAGE ENTREPRISE /

NAME OF THE COMPANY'S INTERNSHIP IN-CHARGE : R. RAYNAUD

TELEPHONE / PHONE NUMBER: +33 1 69 08 56 07

L'UNIVERSITE: Institut indien de technologie de Kharagpur

THE UNIVERSITY: INDIAN INSTITUTE OF TECHNOLOGY KHARAGPUR

Représentée par le Doyen, Jayanta Mukhopadhyay, agissant en qualité en vertu des pouvoirs qui lui sont conférés,

Represented by the Dean, Jayanta Mukhopadhyay, acting by virtue of the powers conferred upon him/her,

NOM DU RESPONSABLE PEDAGOGIQUE / NAME OF THE INSTRUCTOR: R. RAYNAUD

TELEPHONE / PHONE NUMBER: +33 1 69 08 56 07

Diplôme préparé / Degree sought: L3 / 3rd year undergraduate student

Sujet du stage (résumé) : Détermination des horizons de détection pour le signal gravitationnel de la convection dans une proto-étoile à neutrons avec les futurs interféromètres terrestres

Commissariat à l'énergie atomique et aux énergies alternatives

Centre CEA Paris-Saclay- Bât 490 – Point courrier n°99

91191 Gif-sur-Yvette Cedex

T: +33 (0)1 69 08 30 49

Etablissement public à caractère industriel et commercial RCS Paris B 775 685 019

Direction du CEA Paris Saclay

Département du Personnel et des Relations Sociales

Bureau Emploi



Subject of the internship (summary): *Determination of detection horizons of the gravitational wave signal generated by protoneutron star convection with the next generation of ground-based interferometers*

Activités/ Activities:

L'étudiant aura pour objectif de modéliser des spectrogrammes d'ondes gravitationnelles résultant de la turbulence convective qui se développe à l'intérieure d'une protoétoile à neutrons, sous la supervision de Raphaël Raynaud (UPCité), Jérôme Guilet (CEA) et en étroite collaboration avec Pablo Cerda-Duran (Univ. de Valencia).

La première étape sera de définir une procédure de mise à l'échelle des spectrogrammes déjà obtenus avec des simulations 3D HPC (Raynaud et. al, MNRAS, 509, 2022), afin de prendre en compte l'évolution structurelle de la protoétoile à neutrons au cours du temps. Dans un second temps, il utilisera ces spectrogrammes synthétiques pour étudier la détectabilité de ce type de signaux gravitationnels avec les interféromètres gravitationnels terrestres.

The student will work under the supervision of Raphaël Raynaud (UPCité), Jérôme Guilet (CEA) and in close collaboration with Pablo Cerda-Duran (Univ. of Valencia). He will aim at modeling gravitational wave spectrograms generated by the convective turbulence that develops inside a protoneutron star.

The first step will be to find a way to rescaling the GW spectrograms already obtained with 3D HPC simulations (Raynaud et. al, MNRAS, 509, 2022), in order to take into account the structural evolution of the protoneutron star as a function of time. In a second step, he will use these synthetic spectrograms to study the detectability of these gravitational signals with next generation ground-based gravitational interferometers.

Stage donnant lieu à suivi pédagogique

Internship leading to pedagogic follow-up non / no

Stage donnant lieu à validation

Internship leading to validation non / no

Stage donnant lieu à évaluation

Internship leading to evaluation non / no

ARTICLE 1 : OBJET DE LA CONVENTION / ARTICLE 1: OBJECT OF THE AGREEMENT

La présente convention a pour objet la mise en œuvre au bénéfice d'Ayan DEY d'un stage étudiant en milieu professionnel réalisé dans le cadre de l'enseignement supérieur.

This agreement aims at arranging a student internship for the benefit of Ayan DEY in a professional environment within the framework of higher education.

ARTICLE 2 : OBJECTIFS DU STAGE / ARTICLE 2: OBJECTIVES OF THE INTERNSHIP

Le stage couvert par cette convention a pour objet de permettre à l'étudiant de mettre en pratique les connaissances et méthodes de travail acquises et constitue une première initiation à l'activité professionnelle, sans que le CEA puisse retirer aucun profit direct de la présence de l'étudiant autre que celui issu de l'activité normale de ce dernier au cours de son stage.

The internship covered by this agreement aims at allowing the student to put into practice the acquired knowledge and work methods and constitutes a primary initiation into professional activity, with the CEA deriving no direct profit from the presence of the student other than that which may arise from the regular activity of the latter during his internship.

Le stage s'inscrit dans le cadre de la formation et du projet personnel et professionnel de l'étudiant : il entre dans son cursus pédagogique en vue de la délivrance du diplôme préparé, qui est précisé sur la convention de stage.

The internship is part of the student's training and professional and personal project: he enters their educational course in order to obtain the degree sought as it is specified in the internship agreement.

Le programme du stage est établi par l'Université et le CEA en fonction du programme général de la formation dispensée ; ce programme doit entrer dans le cadre de la spécialisation et des compétences de l'étudiant.

The internship's programme is drawn-up by the University and the CEA according to the training's general programme provided; this programme must fall within the framework of the student's specialisation and skills.

Le CEA nomme un tuteur chargé d'assurer le suivi technique et d'optimiser les conditions de réalisation du stage.
The CEA shall nominate a tutor responsible for the technical follow-up and optimisation of the conditions under which the internship is imparted.

ARTICLE 3 : STATUT DU STAGIAIRE / ARTICLE 3: STATUS OF THE TRAINEE

Pendant toute la durée de son stage au CEA, l'étudiant conserve le statut d'étudiant de l'université et demeure sous sa responsabilité. A ce titre, le travail effectué au cours du stage est suivi par le responsable de la formation concernée, dans des conditions déterminées en accord avec le CEA.

Throughout the duration of the internship at the CEA, the student retains his/her student status and remains under the responsibility of the latter. In this capacity, the work accomplished during the internship is followed-up by the person in charge of the concerned training, under conditions fixed in agreement with the CEA.

ARTICLE 4 : CONDITIONS DU STAGE – DISCIPLINE / ARTICLE 4: CONDITIONS OF THE INTERSHIP – DISCIPLINE

4.1 La durée hebdomadaire maximale de présence du stagiaire dans l'entreprise sera de 35 heures (du lundi au vendredi de 8h30 à 12h et de 13h40 à 17h10).

L'étudiant est soumis au règlement intérieur du CEA, notamment en ce qui concerne l'organisation du travail, les règlements d'hygiène et de sécurité et les examens médicaux.

4.1 The maximum weekly duration of the trainee's presence in the company shall be 35 hours (Monday to Friday between 8:30 to 12:00 am and 1:40 to 5:10 pm).

The student is subject to the internal regulations of the CEA, especially in matters concerning the work organisation, rules of hygiene and safety and medical examinations.

4.2. Toute sanction disciplinaire ne peut être décidée que par l'Université. Dans ce cas, le CEA informera l'Université des manquements et lui fournit les éléments constitutifs. En cas de manquement particulièrement grave, le CEA ou l'Université se réservent le droit de mettre fin au stage avant la date prévue. Cette cessation d'activité doit être notifiée par courrier par le CEA à l'étudiant et à l'Université.

4.2. Disciplinary action can be decided only by the University. In this case, the CEA shall inform the University of any breach and shall provide the essential elements. In case of especially serious breach, the CEA or the University reserves the right to terminate the internship before the scheduled date. The student and the University must be informed of this cessation of activity by the CEA by letter.

ARTICLE 5 : GRATIFICATION – REMBOURSEMENT DE FRAIS / ARTICLE 5: COMPENSATION – REIMBURSEMENT OF EXPENSES

Le stage donnera lieu au versement d'une gratification, fixée à 623,70€ bruts par mois.

The internship shall involve the payment of a gross compensation fixed at 623,70€ gross per month.

Le stagiaire bénéficie, au même titre que le personnel du CEA, de l'accès à la restauration et aux transports collectifs.

The trainee shall enjoy access to food service and collective transport, as do all CEA employees.

Il bénéficie également de la prise en charge des frais occasionnés par tout déplacement à la demande du CEA dans le cadre du stage, ainsi que des frais de formation.

Expenses arising out of any travel upon request of the CEA during the internship, along with the training fees, shall be at the expense of the CEA.

Les frais de transport éventuellement nécessités par le stage et engagés par l'étudiant, seront, par ailleurs, pris en charge par le CEA, dans la limite de 600 € par mois et sur présentation de justificatifs.

Necessary transport expenses required by the internship and met by the student, shall be at the expense of the CEA up to a limit of 600 € per month and upon presentation of proof of expenses incurred.

ARTICLE 6 : PROTECTION SOCIALE et GRATIFICATION / ARTICLE 6: SOCIAL PROTECTION and COMPENSATION

Au cours du stage, l'étudiant peut conserver la protection sociale dans le cadre de l'assurance maladie dont il est bénéficiaire, dans son pays d'origine, à titre personnel ou en qualité d'ayant droit des parents ou du conjoint. L'étudiant est pour cela tenu d'être muni de l'attestation d'assurance correspondante lui permettant de bénéficier de prestations maladie en France.

During the internship, the student can retain social coverage in so far as his/her personal medical insurance is concerned or his/her other claims from parents' or spouse's insurance is concerned. The student must have the corresponding insurance certificate.

Il bénéficie en outre, sous réserve de son adhésion et du paiement des primes correspondantes, de la « garantie santé impatriés » proposée par le CEA.

Subject to his/her adherence and payment of the corresponding premiums, he/she also benefits from the "inpatriate health insurance coverage" offered by the CEA.

Il s'agit du contrat « garantie santé des impatriés » ACE n° 610783/001522. La demande d'adhésion doit être formulée, avant la venue en France du stagiaire, auprès de DJC/SAss.

This concerns the "inpatriate health insurance coverage" contract ACE n° 610783/001522. The request for subscription must be made to the DJC/SAss before the trainee's arrival in France.

L'étudiant bénéficie de la législation sur les accidents du travail et les maladies professionnelles dans les conditions suivantes et sous réserve de leur conformité avec la législation du pays d'origine :

The student is governed by the legislation on work related accidents and occupational diseases under the following conditions and only if they are in accordance with legislation in the student's country of origin:

Conformément à la législation en vigueur, la gratification de stage n'est pas soumise à cotisations sociales.

In accordance with the legislation in force, the compensation for the internship is not subject to social contribution.

L'étudiant bénéficie de la législation sur les accidents du travail en application de l'article L.412-8-2 (a ou b) du Code de la sécurité sociale, régime étudiant.

The student benefits from the legislation on work-related accidents by application of article L.412-8-2 (a or b) of the Social Security Code, student's scheme.

En cas d'accident survenu à l'étudiant, soit au cours de ses travaux au CEA, soit au cours du trajet, soit sur les lieux rendus utiles pour les besoins de son stage, le CEA s'engage à faire parvenir, sous 48 heures, toutes les informations utiles à l'Université pour que cette dernière puisse établir la déclaration d'accident.

In the event of an accident involving the student, either during his/her work at the CEA, or during his/her travel, or in places that may be useful to the requirements of his/her internship, the CEA undertakes to provide, within 48 hours, all useful information to the University so that the latter can make the required declaration of the accident.

ARTICLE 7 : RESPONSABILITE CIVILE ET ASSURANCES / ARTICLE 7: CIVIL RESPONSIBILITY AND INSURANCE

Le CEA déclare être garanti au titre de la responsabilité civile, selon les dispositions réglementaires en vigueur.

The CEA declares that it is covered against legal liability according to the regulatory provisions currently in force.

L'Université décline toute responsabilité dans le cas d'un quelconque dommage lié à l'utilisation par un des stagiaires d'un véhicule automobile qui serait mis à sa disposition par le CEA.

The University declines all responsibility in the case of any damage linked to the trainee's use of an automobile that may have been made available to him/her by the CEA.

L'étudiant est par ailleurs tenu d'adhérer à une compagnie d'assurance de son choix, garantissant à ses membres une assistance rapatriement, ainsi qu'une garantie en responsabilité civile, en défense et en recours.

Le contrat « garantie santé des impatriés » qui lui est proposé par le CEA couvre ces risques.

Adhésion avec prise en charge financière par l'étudiant ou l'unité d'accueil. L'étudiant déjà assuré par ailleurs pour ces risques devra attester de sa couverture.

*The student is expected to contribute to an insurance company of his/her choice, guaranteeing to its members repatriation insurance, along with a guarantee of legal liability, in defence and in appeals.
The "in-patriate health insurance coverage" contract offered to him/her by the CEA covers these risks.
Contribution with financial responsibility taken over by the receiving agency or by the student. The student already covered for these risks otherwise must attest to such coverage.*

ARTICLE 8 : FIN DE STAGE – RAPPORT – EVALUATION / ARTICLE 8: END OF THE INTERNSHIP - REPORT - EVALUATION

*Le stage donne lieu à la rédaction d'un rapport remis par l'étudiant au responsable de sa formation, après l'avoir communiqué et avoir reçu l'accord du responsable du stage au CEA, auquel un exemplaire est également remis.
The internship results in a written report submitted by the student to the person in-charge of his/her training, after having communicated it and after having received the approval of the instructor at the CEA, to whom a copy is also submitted.*

Le stage est certifié par le CEA qui délivre au stagiaire une attestation de stage indiquant la nature et la durée du stage, et remplit une fiche d'évaluation qu'il retourne à l'Université.

The internship is certified by the CEA, which issues a certificate to the student indicating the nature and duration of the internship, and completes an evaluation form that is returned to the University.

ARTICLE 9 : ABSENCE ET INTERRUPTION DU STAGE / ARTICLE 9: ABSENCE AND INTERRUPTION OF THE INTERNSHIP

Pour toute interruption temporaire du stage (maladie, absence injustifiée notamment), le CEA en informera le responsable de l'Université par courrier.

For any temporary interruptions of the internship (illness, especially unjustified absence), the CEA shall inform the University in-charge by letter.

En cas de volonté d'une des trois parties d'interrompre définitivement le stage, celle-ci devra immédiatement en informer les deux autres parties par écrit. Les raisons invoquées seront examinées en étroite concertation. La décision définitive d'interruption du stage ne sera prise qu'à l'issue de cette phase de concertation.

In case one of the three parties wishes to definitively stop the internship, the other parties must be informed at once in writing. The reasons invoked shall be examined in concert. The final decision to stop the internship shall be taken only at the end of this dialogue phase.

ARTICLE 10 : EXECUTION - DATE D'EFFET / ARTICLE 10: EXECUTION - EFFECTIVE DATE

Les parties s'engagent à respecter l'ensemble des stipulations contenues dans la présente convention ainsi que son annexe, relative à la confidentialité et la propriété intellectuelle, qui en fait partie intégrante.

The parties undertake to respect all stipulations contained in this agreement and in its annexure, which is an integral part of the agreement.

Aucun stage ne peut débuter avant la signature de la présente convention, ni en dehors des dates arrêtées par cette dernière. Toute prolongation de stage fera l'objet d'un avenant, signé par les parties.

No internship can begin unless this agreement is signed, nor can it begin on dates other than those decided in the agreement. Any extension of the internship shall be subject of an addendum signed by the parties.

Fait à

Issued at

Le

on

Pour l'Université / For the University:

Représentant légal/ Legal Representative

.....

8/3/14/23

Prof. Jayanta Mukhopadhyay
Dean Outreach & AA
Indian Institute of Technology Kharagpur

Tuteur école/ Supervising teacher:

Kannabiran Seshasayanan

S.K.

02/04/2023

सहायक प्राध्यापक
Assistant Professor
भौतिक विज्ञान विभाग
Department of Physics
भा.प्रौ.सं. खड़गपुर / I.I.T. Kharagpur

Signature de l'Etudiant / For the student :

Ayan Dey
16.03.2023

Pour le CEA/ For the CEA:

Représentant légal/ Legal Representative:

Nathalie RIBEIRO

Cheffe du DPRS du CEA Paris-Saclay

Tuteur CEA/ Internship in charge

Raphaël RAYNAUD

Paris, le 10/03/2023

Raynaud

ANNEXE / ANNEXURE

CONFIDENTIALITE – PROPRIETE INTELLECTUELLE CONFIDENTIALITY – INTELLECTUAL PROPERTY

- L'étudiant s'interdit de communiquer à quiconque, directement ou indirectement, tout ou partie des informations confidentielles qui lui auront été communiquées par le CEA (scientifiques, techniques, administratives, commerciales ou financières) ou auxquelles il aura eu accès, directement ou indirectement, à l'occasion de l'exécution du stage par quelque moyen et sur quelque support que ce soit, par écrit ou oralement.

The student is forbidden to communicate with anyone, directly or indirectly, in whole or in part, about confidential information that may be communicated to him/her by the CEA (scientific, technical, administrative, commercial or financial) or to which he/she may have had access, directly or indirectly, during the execution of the internship by any means and in any format whatsoever, either in writing or orally.

L'étudiant est tenu également à une obligation de discrétion sur toutes les activités concernant le patrimoine scientifique et technique du CEA.

The student is also held strictly to an obligation for discretion on all activities concerning the scientific and technical heritage of the CEA.

Ces obligations de confidentialité et de réserve s'appliqueront pendant toute la durée de la présente convention et pendant une période de quinze (15) ans à compter de son expiration ou de sa résiliation, pour quelque cause que ce soit.

These obligations of confidentiality and reservation shall apply for the entire duration of this agreement and for a period of fifteen (15) years from the time of its expiry or termination, for any reason whatsoever.

- L'étudiant s'engage à informer sans délai le CEA, et à l'exclusion de tout tiers, de toute invention dont il serait l'auteur.

The student undertakes to inform the CEA without delay, and excluding all others, of any invention of which he/she may be the author.

Cette obligation d'information demeurera applicable pendant 6 mois après la cessation de la présente convention pour quelque cause que ce soit.

This obligation to inform shall remain valid for 6 months after the end of this agreement, for any reason whatsoever.

Afin de ne pas compromettre un éventuel dépôt de brevet, le CEA et lui-même veilleront au respect de la plus grande confidentialité quant aux informations ainsi transmises.

In order not to compromise any possible patent claim, the CEA and the student shall respect the greatest confidentiality for any information thus transmitted.

Les inventions dont l'étudiant serait l'auteur ou le co-auteur et qui auraient été réalisées dans le cadre de ses missions de recherche ou encore par la connaissance ou l'utilisation des techniques ou des moyens du CEA appartiendront de plein droit au CEA qui en aura les pleines propriétés et disposition.

The inventions of which the student shall be the author or the co-author and which may have been realized within the scope of his research tasks or even by the knowledge or use of techniques and means of the CEA shall rightfully belong to the CEA, who shall have full ownership and availability.

En contrepartie de son accueil en son sein, l'étudiant cède au CEA le droit d'exploiter toutes les œuvres qu'il sera amené à réaliser dans le cadre de la présente convention quels qu'en soient le genre, la forme d'expression, la destination ou le support et ce, pour répondre à l'ensemble de ses besoins et notamment l'ensemble de ses besoins de recherche, de formation et de communication tant interne qu'externe.

In exchange for his reception in its midst, the student cedes to the CEA the right to exploit all work that he may achieve under the present agreement, whatever be the type, form of expression, purpose or format and this, to fulfil all his requirements, especially research requirements, training and communication requirements, whether such requirements be internal or external.

L'étudiant ne disposera d'aucun droit à rémunération à ce titre. En revanche, il conservera le droit d'exploiter commercialement ces œuvres auprès des tiers et d'en tirer un revenu direct sous réserve de l'obtention des autorisations préalables obligatoires en application de la NIG 316. Dans cette hypothèse, il veillera au parfait respect de ses obligations de discrétion et de confidentialité et à faire mentionner systématiquement « CEA-Commissariat à l'Energie Atomique »] au côté de sa signature et ce même après la cessation de la présente convention.

The student shall have no right to remuneration in this respect. On the contrary, he shall reserve the right to commercially exploit these works in relation to third parties and to draw direct financial revenue subject to obtaining all prior mandatory authorisations by application of NIG 316. If this be the case, he shall ensure perfect respect of his obligations of discretion and confidentiality and systematically mention "CEA-Atomic Energy Commission" next to his signature and this, even after the termination of the present agreement.

Student Guard - Overseas Health Insurance Plan - Policy Schedule



Schedule Number:	7100948371	Date Issued:	04/04/2023
Insurance Plan:	Student Guard - Overseas Health Insurance Plan, Plan A	Intermediary Code:	0010805000
Zone:	Worldwide Excluding USA/Canada	Applicant Name:	Mr AYAN DEY
Travel Dates:	From: 30/04/2023 To: 09/07/2023	Applicant Phone No:	7550855208
Email id:	ayandeycob@gmail.com		
Duration:	71 days	Customer GSTIN NO:	
Applicant Address:	POST OFFICE- DEWANHAT, DISTRICT- COOCH BEHAR, DINHATA - COOCH BEHAR MAIN ROAD, KOCH BIHAR, WEST BENGAL, INDIA-736134		

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

Consolidated Stamp Duty has been paid to the State Exchequer

Tata AIG General Insurance Company Limited

Registered Office: Peninsula Business Park, Tower A, 15th Floor, G.K. Marg, Lower Parel, Mumbai - 400013.
IRDA Regn. No. 108. CIN - U85110MH2000PLC128425, PAN:AABCT3518Q, UIN No:TATTIOP23096V032223
www.tataaig.com 24x7 Toll Free No: 1800 266 7780 or 1800 22 9966 (Senior Citizen) Email: customersupport@tataaig.com

Student Guard - Overseas Health Insurance Plan - Policy Schedule



WITH YOU ALWAYS

Schedule Number:	7100948371	Date Issued:	04/04/2023
Insurance Plan:	Student Guard - Overseas Health Insurance Plan, Plan A	Intermediary Code:	0010805000
Zone:	Worldwide Excluding USA/Canada	Applicant Name:	Mr AYAN DEY
Travel Dates:	From: 30/04/2023 To: 09/07/2023	Applicant Phone No:	7550855208
Email id:	ayandeycob@gmail.com		
Duration:	71 days	Customer GSTIN NO:	
Applicant Address:	POST OFFICE- DEWANHAT, DISTRICT- COOCH BEHAR, DINHATA - COOCH BEHAR MAIN ROAD, KOCH BIHAR, WEST BENGAL, INDIA-736134		

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 after 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 & conditions, 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 AYAN DEY	Z6651441	Male	06/12/2002	20	BHANU RANI DEY

Sponsor Name	Sponsor DOB	Sponsor Relation
BHANU RANI DEY	02/10/1983	Mother

Assistance Contact (For Insured only)	Address for Reimbursement Claim (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	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 #:	7100948371
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



GSTIN: 27AABCT3518Q1ZW MUMBAI
Service Accounting Code: 9971

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

[Signature]
Authorized Signatory

Tata AIG General Insurance Company Limited
Registered Office: Peninsula Business Park, Tower A, 15th Floor, G.K. Marg, Lower Parel, Mumbai - 400013.
IRDA Regn. No. 108. CIN - U85110MH2000PLC128425, PAN: AABCT3518Q, UIN No: TATTIOP23096V032223
www.tataaig.com 24x7 Toll Free No: 1800 266 7780 or 1800 22 9966 (Senior Citizen) Email: customersupport@tataaig.com

Policy / Schedule No: 7100948371

Date Issued: 04/04/2023

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 AYAN DEY

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

Tata AIG General Insurance Company Limited
Registered Office: Peninsula Business Park, Tower A, 15th Floor, G.K. Marg, Lower Parel, Mumbai - 400013.
IRDA Regn. No. 108. CIN - U85110MH2000PLC128425, PAN:AABCT3518Q, UIN No:TATTIOP23096V032223
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Student Guard - Overseas Health Insurance Plan

Proposal Form



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/23/7100176121
Producer Name	DIRECT	Producer Code	0010805000

Proposer Details

Proposer Name	Mr AYAN DEY
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Personal Details of persons proposed for Insurance

Student Name	Mr AYAN DEY				
Date of Birth	06/12/2002	Gender	Male	Passport No.	Z6651441
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 ☐ Salary ☐ Business ☐ Others please specify _____
(Tick where applicable)

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
BHANU RANI DEY		Mother	

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

Appointee Name	Relationship	Address
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Travel Details

Insurance Plan Requested : Student Guard - Overseas Health Insurance Plan, Plan A					
Place of Study	France				
Departure Date	30/04/2023	Duration Plan Required For	09/07/2023	Number of Days	71 days

Sponsor Details

Person Name	BHANU RANI DEY				
Date of Birth	02/10/1983	Gender		Relationship with Student	Mother
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 : <input type="checkbox"/> SB Account <input type="checkbox"/> Current Account <input type="checkbox"/> 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 contact me via e-mail, phone or SMS.

Date: 04/04/2023

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: 04/04/2023

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 : TATA AIG
Agent/Broker/Relationship Officer)
Name of the specified Person and code:
Place: _____ Date: 04/04/2023 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

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Student Guard - Overseas Health Insurance Plan

CUSTOMER INFORMATION SHEET



The information mentioned below is illustrative and not exhaustive. Information must be read in conjunction with the product brochures 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.

Title	Description	Refer To Policy Clause Number
Product Name	Student Guard - Overseas Health Insurance Plan	
What am I covered for:	<ol style="list-style-type: none"> 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. <ul style="list-style-type: none"> Special Extensions - <ul style="list-style-type: none"> 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

Student Guard - Overseas Health Insurance Plan UIN: TATTIOP23096V032223

Title	Description	Refer To Policy Clause Number
What am I covered for:	<p>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.</p> <p>10. Loss of Passport - coverage for necessary and reasonable expenses for obtaining a duplicate or new passport.</p> <p>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.</p> <p>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.</p> <ul style="list-style-type: none"> • 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 <p>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.</p> <p>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 you are required to visit your home country.</p> <p>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.</p> <p>16. Hijack Cash Benefit - distress allowance if insured's common carrier has been hijacked.</p> <p>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</p> <p>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</p> <p>19. Fraudulent Charges (Payment Card Security) - we will reimburse the unauthorized charges that you are responsible for on your lost or stolen payment card.</p>	Benefits Covered Under the Policy
What are the major exclusions in the policy:	<p>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:</p> <ol style="list-style-type: none"> 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

Student Guard - Overseas Health Insurance Plan UIN: TATTIOP23096V032223

Title	Description	Refer To Policy Clause Number
What are the major exclusions in the policy:	<p>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</p> <p>5. participation in an actual or attempted felony, riot, crime, misdemeanor, or civil commotion; or</p> <p>6. operating or learning to operate any aircraft, or performing duties as a member of the crew on any aircraft; or</p> <p>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</p> <p>8. ionising radiation or contamination by radioactivity from any nuclear fuel or from any nuclear waste from burning nuclear fuel; or</p> <p>9. the radioactive, toxic, explosive or other dangerous properties of any explosive nuclear equipment or any part of that equipment; or</p> <p>10. External congenital anomalies or any complications or conditions arising therefrom; or</p> <p>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.</p> <p>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</p> <p>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;</p> <p>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</p> <p>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.</p> <p>16. Any Unproven/Experimental treatment, non allopathic treatment, including but not limited to Any Ayurvedic, Homeopath or naturopathy treatments.</p> <p>17. Any non medical expenses (list enclosed - Annexure I of policy wordings)</p> <p>Note: Pl. refer policy document for complete list of exclusion.</p>	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	<p>(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.</p> <p>(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.</p> <ul style="list-style-type: none"> • 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

Student Guard - Overseas Health Insurance Plan UIN: TATTIOP23096V032223

Title	Description	Refer To Policy Clause Number
	<ul style="list-style-type: none"> 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 premium 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	<ul style="list-style-type: none"> Company Officials: <ul style="list-style-type: none"> 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: <ul style="list-style-type: none"> 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: <ul style="list-style-type: none"> Details as mentioned in the policy wordings or alternatively please refer our web-site (www.tataaig.com). 	General Terms and Clauses
	<p>For Excluding Americas Policies: Call: +91 - 022 68227600 Email - EA.TATAclaims@europ-assistance.in</p> <p>For the Americas Policies: Please call: +1-833-440-1575 (Toll free within US and Canada) Email - tata.aig@europ-assistance.in</p> <p>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</p>	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.

Tata AIG General Insurance Company Limited

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Website: www.tataaig.com | IRDA of India Registration No.: 108 | CIN: U85110MH2000PLC128425
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