



ACCEPTANCE CONFIRMATION FOR THE PLACEMENT PROGRAMME

(Fulfilled by the organisation)

1. DETAILS OF THE STUDENT

Family Name and Name:	_____	Student's ID:	_____
Address:	_____		_____
Mobile :	_____	e-mail:	_____

2. DETAILS OF THE ORGANISATION PROVIDING TRAINING

Name Of The Organisation:	_____	City	_____
Address:	_____		
Mentor In The Organisation:	_____	e-mail:	_____
Phone:	_____		
Theme Of The Training Programme Paper:	_____		
Duration Of The Training. From:	from:	_____	to: _____

Date : _____ Signature of the responsible person: _____

Stamp