

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:	to:
From:		

Date :	_____	Signature of the responsible person:	_____
--------	-------	--------------------------------------	-------

Stamp