



**STIPULATION OF INTERNSHIP AGREEMENT WITH LIFE SCIENCES
DEPARTMENT FOR TRAINING AND ORIENTATION**
(by the company)

Host company.....
.....

Biological Area

Psychological Area

Social Security Number :.....

VAT Registration:.....

Registered Office: Street name.....

City:..... Province:..... Postcode:.....

Contact Numbers:

E – mail:.....

Represented by:.....

Born in on:.....

In the capacity of:.....

Brief description of the structure activities:

(or attach information material)

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The publication of data on the website of the Department is authorized / not authorized.

Date

Signature