MEDİPOL
UNV-ANKARA
ANKARA MEDİPOL ÜNİVERSİTESİ

…/…/ …..

T.C. ANKARA MEDIPOL UNIVERSITY
FACULTY OF PHARMACY

BUSINESS AND STUDENT INFORMATION FORM
Internship Contribution Fee Benefit Form

Business Type: Public ☐ : Private ☐
Utilizing State Contribution under Law No. 6764: I want to benefit ☐ : I do not want to benefit ☐

NAME OF BUSINESS:			
ADDRESS INFORMATION:			
CONTACT INFORMATION: WORK PHONE:		**GSM:**	
TAX NUMBER:			
TAX OFFICE:			
BANK NAME:			
ACCOUNT NUMBER:			
IBAN NUMBER: TR			
NUMBER OF SGK EMPLOYEES EXCLUDING INTERNS:			
NUMBER OF INTERN STUDENTS:			
BUSINESS REPRESENTATIVE:			
CONTACT PERSONS IN THE BUSINESS:			
TR ID NUMBER:	**NAME/SURNAME**	**POSITION**	**PHONE NUMBER**
STUDENTS RECEIVING PROFESSIONAL TRAINING IN THE BUSINESS			
TR ID NUMBER:	**NAME/SURNAME**	**FACULTY/DEPARTMENT**	**CLASS**
1			
2			
3			

I hereby accept any penal actions and responsibility if the information declared is found to be incorrect and if I benefit unjustly from the state contribution to be paid.

…/…/ 20 . .
Business Stamp and Signature

…/…/ 20 . .
Internship Coordinator