LETTER OF COMMITMENT (FORM-4)

TR

ANKARA MEDIPOL UNIVERSITY

TO THE DEAN'S OFFICE OF THE FACULTY OF FINE ARTS, DESIGN AND ARCHITECTURE

Information Form for Students Doing Internship within the Scope of Social Security and General Health Insurance Law No. **5510**

STUDENT INFORMATION

T.R. Identification No.		Student Number	
Name Surname		Date of Birth	
Father Name		Mobile Phone	
Mother Name		Email	
Address:			

INTERNSHIP LOCATION INFORMATION

Title			
Address			
Phone Number			
Internship Start Date		Internship End Date	
Weekly Working Days		Total Working Days	
Bonus Day to be Paid During the Internship			

STUDENT APPROVAL

I want to work as an intern student in accordance with Article 5/b of Law No. 5510. I receive health services ( ) or I do not receive ( ) UNDER GENERAL HEALTH INSURANCE from myself and my family through my parents.

I acknowledge the accuracy of my statement. I accept and undertake that if there is a change in my situation or I have an accident at work, I will report the situation to the Dean of the Faculty within one (1) business day, and that the premium, administrative fine, late payment interest and delay interest arising from my failure to report incorrect, incomplete and/or erroneous information in a timely manner will be paid by me.

STUDENT'S

Name and surname :

Signature :

Additionals:

1. Residence Address Document
2. Population Registration Sample Certificate
3. Criminal Record Certificate
4. Photocopy of TR ID
5. Photocopy of Occupational Health and Safety Certificate