



ANKARA YILDIRIM BEYAZIT UNIVESITY  
ARCHITECTURE AND FINE ARTS FACULTY  
DEPARTMENT OF ARCHITECTURE  
ANKARA - TURKEY

**DECLARATION AND CONTRACT FOR THE STUDENTS RECEIVE  
HEALTHCARE SERVICES**

I am a student from Architecture and Fine Arts Faculty - Department of Architecture of this university. I would like to work for ..... company as a Student Intern, according to the 5510 - 5/b law. I receive general healthcare service due to my family, mother/father. I do not accept to take part in general healthcare insurance during my internship or working period.

I accept that my declaration is true, and I will inform any changes may occur in future. I accept to pay any penalties, extra payments or interests for being late that may occur due to mistaken or missing information in my declaration.

**Name Surname:**

**T.C. / Passport Number:**

**Department:**

**Student Number:**

**Signature:**

**Date:**