



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

**DECLARATION AND CONTRACT FOR THE STUDENTS DO NOT 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 do not receive general healthcare service due to my family, mother/father. I 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: