REPUBLIC OF TÜRKIYE
ANKARA MEDIPOL UNIVERSITY
DIRECTORATE OF THE VOCATIONAL SCHOOL

ENTERPRISE AND STUDENT INFORMATION VERIFICATION FORM

Enterprise Type: [ ] Public [ ] Private

State contribution pursuant to Law No. 6764: [ ] I Request [ ] I Do Not Request

ENTERPRISE / COMPANY NAME:			
ADDRESS:			
TELEPHONE DETAILS:	**Work:**	**Mobile:**	
TAX IDENTIFICATION NUMBER:			
TAX OFFICE:			
BANK NAME:			
ACCOUNT NUMBER:			
IBAN NO: TR			
NUMBER OF INSURED EMPLOYEES (EXCLUDING INTERNS):			
NUMBER OF STUDENT INTERNS:			
AUTHORIZED ENTERPRISE REPRESENTATIVE:			
CONTACT PERSONS AT THE ENTERPRISE			
TR ID NUMBER	**FULL NAME**	**TITLE / POSITION**	**PHONE**
STUDENTS RECEIVING VOCATIONAL TRAINING AT THE ENTERPRISE			
TR ID NO	**FULL NAME**	**VOCATIONAL SCHOOL / PROGRAM**	**CLASS**
1			
2			
3			

I hereby accept criminal proceedings and legal liability in the event that I improperly benefit from the state contribution due to false, inaccurate, or incomplete information declared herein

……./……../20…… Enterprise Seal and Signacure	Head of Internship Commission Full Name: Signature