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| **FENERBAHÇE UNIVERSITY****FACULTY OF PHARMACY****ANNEX-3****INTERNSHIP PLACE****ESTABLISHMENT INFORMATION FORM** |

**Workplace Information**

Name and Title:

Central [ ]  Office[ ]

Number of Employees (Excluding Interns):

(If the number of employees is less than 20, please submit the copy of the last month's Insured Service List)

Legal Status: Public [ ]  Private[ ]

SSI Registration Number:

Tax Number / Turkish Identity Number:

Workplace Bank Name:

Workplace Bank IBAN No:

Office address:

Phone number:

E-mail address:

**Contact Person:**

Turkish Identity Number Name and Surname Position/Title Telephone

**Students doing an internship in an establishment/institution**

Turkish Identity Number Name and surname

**EXPLANATION:**

In accordance with Law No. 6764, if less than 20 personnel work in the enterprise where vocational training is provided, two-thirds of the minimum wage (30%) that can be paid, and if 20 or more personnel work, one-third of the minimum wage that can be paid will be paid to the employer as a State contribution. Businesses are responsible for paying the State contribution amount and the business share to the student's bank account by the 10th day of each month. The state contribution amount is paid to businesses on the 25th day of each month.

[ ]  I accept penal action and responsibility if I benefit unduly from the State Contribution to be paid due to the incorrect information declared.

**Workplace**

**Stamp and Signature**

NOTE: This form will be filled out by businesses/institutions that pay internship fees to interns.