

SGK BEYAN FORMU (ING)

T.C.
BİRÜNİ UNIVERSITY
To the Attention of Faculty of Pharmacy Dean;

Date:

I'm the student of our Faculty withstudent number. According to the internship regulations I willk do my internship with PHR..... code between the dates .../.../2017-.../.../2017 in the institution as business days. In accordance with paragraph b of Article 5 of the Social Insurance and Universal Health Insurance Law No. 5510, I specify my Universal Health Insurance (health benefit) in the section I have marked below to be used in my Social Security transactions.

- 1- ☐ Since my mother or father works, I receive health benefits through them.
2- ☐ I work as a subject to the Social Insurance Institution (SII)(4-A).
3- ☐ I work as a subject to Pension Fund for the Self Employed (4-B).
4- ☐ I work subject to the Pension Fund (4-C).
5- ☐ My mother, Father or I am a General Health Insurance Holder as a result of the Income Test.
6- ☐ Since I do not have any social security, I do not have health benefits.
(those who mark the 5th or 6th section will also fill in the lower part of the petition)

In accordance with the relevant legislations, I declare and undertake that the information I have stated above is correct and that if this information changes, I will notify our Dean's Office about the change within 2 business days.

Your student
T.C.ID Number / Name Surname / Signature

The next section will be filled by students whose Mother, Father or himself have General Health Insurance as a result of the Income Test or who do not have any social security.

Date:

T.C.
BİRÜNİ UNIVERSITY
To the Dean of the Faculty of Pharmacy

Since the mother, father or the person responsible for depending on me does not have social security, and any social security institution (SII, Pension Fund for the Self Employed, Pension Fund, etc.) and since I do not work in accordance with the provision item b of Article 5 of the Law No. 5510 "...and those who are not in the situation of dependents, the provisions of general health insurance are also applied.", I request that my general health insurance transactions be made.

Your student
T.C.ID Number / Name Surname / Signature