

DECLARATION AND COMMITMENT

(WHO RECEIVE HEALTH SERVICES)

I am a student at the Faculty of Architecture, Department of Industrial Design at our university. I want to work as a Part-Time Student / an Intern Student at the unit / workplace named I receive health services from my family through my mother / father within the scope of general health insurance. Therefore, I do not agree to be covered by general health insurance during my part-time work or internship.

I hereby confirm the accuracy of my statements, I will report the change immediately if there is a change in my situation, and I hereby undertake that the premium, administrative fine, delay increase and default interest that will arise from any incorrect or incomplete information provided in this document will be paid by me.

STUDENT NUMBER	:.....
T.R. IDENTIFICATION / PASSPORT NUMBER	:.....
NAME / SURNAME	:.....
DATE OF BIRTH	:.....
NATIONALITY	:.....
INTERNSHIP START / END DATE	:...../...../..... -/...../.....
SIGNATURE	:.....
DATE	:.....