



T.C.
ISKENDERUN TECHNICAL
UNIVERSITY
TOURISM FACULTY
SOSYAL SECURITY INSTITUTION
DECLARATION FORM

Student Information

Full Name :
Student Number :
Class :
Turkish ID Number :

I wish to complete my internship between the dates/...../202... and/...../202.... The information necessary for insurance procedures related to the internship under the Social Insurance and General Health Insurance Law No. 5510 is provided below, and I take full responsibility for any penalties resulting from incorrect or incomplete declarations.

- I am covered through my mother or father.
- I am covered under my own social security as I am employed and contribute to the Social Security Institution.
- I am paying premiums under Bağ-Kur (self-employment insurance).
- I am a holder of a Green Card.
- I am covered through my spouse.
- I have my own social security as I pay voluntary insurance premiums.
- Other
- I do not have any social security and do not receive medical assistance.
- I have lost the right to be covered under my parents' social security as I am over 25 years old.

Date

Signature

Name Surname

Important Note: This form must be submitted to the Accounting Unit **at least 15 days before** the start of the internship.