



FEYZİYE MEKTEPLERİ VAKFI

IŞIK ÜNİVERSİTESİ

Employer Information Form

Internship Institution

Name: Company B

Address: süreyyapaşa cad.
karaağaç sok. yunus
mah. no:38

Production/ teknoloji
Service
Area:

Telephone: 533837864081

Faks:

E-mail
address: nilhan.t@hotmail.com

Number of Personnel Working in the Institution:

EMPLOYER OR AUTHORITY

Name Ahmet abi
Surname:

Position
and Title:

Signature/
Stamp:

E-mail
address:

Date:

STUDENT INFORMATION

NAME
SURNAME
OF THE
TRAINEE
STUDENT:

STUDENT
NUMBER:

INTERNSHIP 13-06-2024
START
DATE:

INTERNSHIP 13-06-2024
FINISH
DATE:

Will TRAINING
STUDENT BE PAID?: Evet ☐ Hayır ☐

NOTE: This field will be filled if the intern student will be paid. It is important to fill it out on a computer.

TITLE OF THE INTERNSHIP
INSTITUTION:

INTERNSHIP INSTITUTION
IBAN NO:

INTERNSHIP INSTITUTION
ACCOUNT NUMBER:

INTERNSHIP INSTITUTION
BANK NAME - BRANCH
CODE: