



FEYZİYE MEKTEPLERİ VAKFI

**IŞIK ÜNİVERSİTESİ**

# Employer Information Form

## Internship Institution

**Name:** Company B

**Address:** istanbul

**Production/Service Area:** teknoloji

**Telephone:** 533837864081

**Faks:**

**E-mail address:** suleilkbahar999@gmail.co

**Number of Personnel Working in the Institution:**

## EMPLOYER OR AUTHORITY

**Name Surname:** Ahmet abi

**Position and Title:**

**Signature/Stamp:**

**E-mail address:**

**Date:**

## STUDENT INFORMATION

**NAME  
SURNAME  
OF THE  
TRAINEE  
STUDENT:**

**STUDENT  
NUMBER:**

**INTERNSHIP** 24-06-2024  
**START  
DATE:**

**INTERNSHIP** 16-06-2024  
**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:**