

**SAN-TEZ
PROJECTS
RESEARCH ASSISTANT INFORMATION FORM**

Project Code :
Project Title :
.....

Personnel's :

Name and Surname :

T.R. Identity No :

Tax Office and Tax No:

Bank Name :

Branch Name and Code :

Account No :

University / Employer Institution:.....

Term of payment: .../.../20... - .../ .../20... (Total Months)

Month of salary payment :

Monthly amount to be paid : TL

To Related University Department,

The researcher, whose information is given above, is involved with the project under my coordination for the purpose of practice related to his/her research. Kindly please take necessary action to ensure monthly salary payment for the term defined.

I hereby declare that the information given above is correct and I pledge that I will duly notify the related department in case of any change that may occur in this information.

Project Coordinator

Signature

Date

..... / ... /20...

I hereby pledge and declare that I do not receive payment from **another project** in effect, supported by “**T.R. Ministry of Industry and Trade**”.

Research Assistant

Signature

Date

..... / ... /20...

Annex: Identity Card Photocopy