

**TÜBİTAK
RESEARCH PROJECT
SCHOLARSHIP STUDENT INFORMATION FORM**

Project Code :
Project Title :
.....

Scholar's :

Name and Surname :
T.R. Identity No:

Bank Account No :

Bank Name :
Branch Name and Code:
Account No :

Education Program :

Post Graduate Student
Graduate Student

Does the student work on salary? : Yes No

Term of scholarship : .../.../20... - ... / .../20... (Total..... Months)
Month of Scholarship Payment :

Monthly Scholarship Amount to be Paid : TL

To Executive Committee Secretariat,

The student, whose information is given above, is involved with the project under my coordination for the purpose of practice related to his/her thesis. Kindly please take necessary action to ensure monthly scholarship 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 scholarship from any other TUBITAK supported project in effect or a different program under TUBITAK (BİDEB Scholarship etc) or I do not receive PIB from a TUBITAK supported project.

Scholar

Signature

Date

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

Annex: 1. Student certificate
2. Identity Card Photocopy

(To be filled out by the Related Group)

To Contract Management Directorate,

Based on attached expense order dated .../.../... and no , payment of the scholarship for the month stated in the form, in the amount stated, is convenient in the scope of the project.