



**YILDIZ TECHNICAL UNIVERSITY**  
**AVIATION ELECTRICS & ELECTRONICS DEPARTMENT**  
**TRAINING CERTIFICATE**

Student's Given Name(s) : Uygar Tolga  
Student's Family Name : Kara  
Student's Number : 190B1016  
Student's Grade : 4  
Type of the Training : Vocational I ☐ Vocational II ☐  
From (dd/mm/yyyy) : 27/06/2022  
To (dd/mm/yyyy) : 11/08/2022  
Number of Days Worked : 30



To whom it may concern,

I hereby had it confirmed that the application of our student who would like to perform her/his training in your company, has been approved. I would like to thank you for accepting our student for training in your institution.

The main objective of in-service training is to contribute to the education of the students of the Aviation Electrics and Electronics Department by providing them practical, technological, as well as managerial experience and knowledge in non academic organizations. So, it takes an important part in the student's education. Therefore, I would be very grateful if you could watch out our student's compliance to laws, in house regulations and discipline and fill this report at the end of the training.

Yours Faithfully,

.....

**This part is to be completed by the company**

Please mark the relevant box by evaluating the performance of the trainee subject to criteria such as his/her attendance, interest in job, predisposition towards teamwork, in-service discipline, etc.

**ASSESSMENT**

Very  
Good

Good

Moderate

Poor

**ASSESSMENT:**

**Information about the company**

Name : Bosch San. ve Tic. A.Ş.  
Address : Küçükyalı Ofispark A Blok Maltepe

**Information regarding the person who evaluates the trainee**

Name Surname : Burak Kocaalili  
In-service duty : Application & Calibration Engineer  
Tel : +90(224)219-4094  
Fax : Not available  
E-mail : Burak.Kocaalili@tr.bosch.com

Date

11 / 08 / 2022

Signature

Stamp of the company

**This part is to be completed by the university**

..... working days of the ..... training has been approved.

**Comments**

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**1<sup>st</sup> Faculty**

Name and Surname :  
Title :  
Signature :

**2<sup>nd</sup> Faculty**

Name and Surname :  
Title :  
Signature :