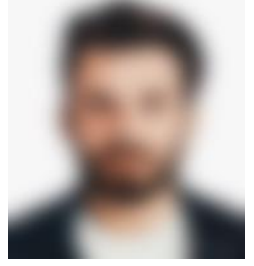




DOĞU AKDENİZ ÜNİVERSİTESİ
EASTERN MEDITERRANEAN UNIVERSITY
Gazimağusa – KKTC. Tel: +90 (392) 630 12 17, Fax: +90 (392) 365 13 17

T.R.N.C.
EASTERN MEDITERRANEAN UNIVERSITY
COMPULSORY INTERNSHIP FORM (*)



To Whom It May Concern,

Please be advised that the students of our university are required to carry out internship practice at various organisations or businesses until the end of their studies. We kindly thank you for your interest in allowing the student whose details are specified below to carry out his/her internship practice at your institution and wish you all the further success in your endeavors.

Name – Surname	Mehmetali Özçelebi	ID No.	256895001254
Student No.	20701638	Academic Year	2019-2020
Department/Program	Civil Engineering	Faculty	Engineering
e-mail	ozcelebi@emu.edu.tr	Phone No (GSM)	0536 2514228
Address	Çanakale Mah. Kugulu Sok., Arken 15 - D. 6, Gazimağusa		

INFORMATION ABOUT THE PLACE WHERE THE INTERNSHIP PRACTICE WILL BE CARRIED OUT

Internship practice Commencement date	01/07/2020	Finishing date	24/07/2020	Duration (Working Days)	20
Name of the company	Tüfekçi Group				
Address of the company	Bülent Ecevit Cd., Haspolat, Nicosia, Cyprus				
Production/Service Area	Concrete Contractor				
Phone Number	+90 392 233 55 00	Fax. No.	+90 392 233 55 00		
e-mail	info@tufekcigroup.com	Web address	http://tufekcigroup.com		

INFORMATION ABOUT THE EMPLOYER OR THE AUTHORISED OFFICIAL

Name-Surname	Samir Jabal	Approved Signature / Stamp
Duty/responsibility area	Civil Engineer	
e-mail address	s.jabal@tufekcigroup.com	
Date	15/06/2020	
Employer's S.G.K No.		

STUDENT'S BIRTH DETAILS (to be filled in by the relevant student upon the approval of the internship practice application.)

Surname	Özçelebi	Province of birth	Ankara
Name	Mehmetali	District	Gölbaşı
Father's name	Hasan	District-Village	Çankaya
Mother's name	Fatma	File No.	2526987
Place of birth	Türkiye	Family Sequence No.	
Date of birth	02/02/2020	Sequence No.	
ID. No.	1685698	Office issued	Ankara-Gölbaşı
ID Card Serial No.	1235487923569845225	Reason of issuing	
S.G.K. No.		Date of issuing	01/05/2012

SIGNATURE (STUDENT)	APPROVAL (DEPARTMENT)	APPROVAL (FACULTY)
I declare that the information provided on this document is accurate. Date: 15/06/2020	Date:	Date:

(*) **3 copies of this form must be filled in electronically** (not photocopies) on each of which a photo is attached. One of the approved forms is submitted to the departmental secretary and 2 copies (with **3 copies of the ID**, **3 copies of the approval fax**, and **3 copies of Mustehaklik Belgesi – for Turkey only**) to the Registrar's Office latest by two weeks before the internship practice commencement date.