**2232 INTERNATIONAL FELLOWSHIP FOR OUTSTANDING RESEARCHERS PROGRAM**

**SCHOLARSHIP INFORMATION AND COMMITMENT FORM**

**Project Informations**

|  |  |  |  |
| --- | --- | --- | --- |
| Project No |  | | |
| Project Title |  | | |
| Project Duration | Start Date …/…/20… | End Date …/…/20… | Duration (Month) |

**Coordinator Information**

|  |  |  |
| --- | --- | --- |
| Name and Surname |  | |
| Identity No/Pasaport No. |  | |
| Host Institution |  | |
| Contact Information | Telephone: | E-mail: |

**Scholarship Student Information**

|  |  |  |  |
| --- | --- | --- | --- |
| Name and Surname |  | Date of Birth: | |
| Identity No/Pasaport No. |  | | |
| Contact Information | Telephone: | | E-mail: |

**Scholar Bank Account Information**

|  |  |
| --- | --- |
| Name of The Bank |  |
| Branch Province, Branch Name  and Code |  |
| IBAN No |  |

**Other Information of the Scholar**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Does the scholar benefit from other  TUBITAK supported programs? | Yes No | | | |
| If “Yes”: | Name of the program:  Amount of Monthly Scholarship: | | Start Date …/…/20..  End Date …/…/20..  Duration (Month): | |
| Does he/she receive scholarships from other public institutions? | Yes No | | | |
| If “Yes”: | Name of the program:  Amount of Monthly Scholarship: | | Start Date …/…/20..  End Date …/…/20..  Duration (Month): | |
| Does he/she work in a paid job? | Yes | No | | |
| 2232 - Date of Scholarship Start[[1]](#footnote-1) |  | | Duration (Month)[[2]](#footnote-2) |  |
| Amount of Monthly Scholarship:[[3]](#footnote-3) [[4]](#footnote-4) |  | | | |

To .....................................................,

**The student, whose information is given above, is involved in the project that I am the coordinator of, for the purpose of application regarding his/her graduate education. I kindly request that the aforementioned student be paid the scholarship starting the month specified above, provided that the time allowed in accordance with subparagraph (c) of Article 44 of the Law No. 2547 is not exceeded to complete his/her education.**

**I declare that the information given above is correct and undertake to inform the relevant department on the same day in case the scholarship student leaves the project, and in time for the scholarship to be cut in case of any change in this information.**

|  |  |  |
| --- | --- | --- |
| Name of the Coordinator | Signature | Date |
|  |  | …/ … /20… |

**I agree to participate in the above-mentioned project as a scholarship student as of the specified date.**

**I declare that the information I have declared above is correct, that I undertake all possible legal responsibilities that may arise based on my statement in the audits and controls to be made, and I will immediately inform the project coordinator in case of a change in the information I have declared, or receiving a scholarship from another TUBITAK supported project or a different program of TUBITAK. I have declared that I have not received a Project Incentive Bonus or Fee, that I have not exceeded the period of education (12 semesters for post-master doctorate education and 14 semesters for post-graduate doctorate education) stipulated by Law No. 2547 in the doctorate, and that in case of an additional scholarship payment from another Public Institution / Organization I have knowledge the total monthly scholarship amount I receive does not exceed the project scholarship limits. I kindly request that the documents to be issued on my behalf be prepared in accordance with the information.**

|  |  |  |
| --- | --- | --- |
| Name of the Scholarship Student / Post-doc Researcher | Signature | Date |
|  |  | …/ … /20… |

**Annexes:**

1. Approved Student Certificate / Graduation certificate for post-doc researcher
2. Certificate of Obligation (Müstehaklık Belgesi) that the student/ post-doc researcher will receive from the e-Government page for the relevant month (This must be a document indicates the scholarship student does not work in a paid job. This can be a dismissal certificate from SGK (SSI-Social Security Institution).

**Important Reminder:** Scholarship student/post-doc researcher should be registered to ***TÜBİTAK - Researcher Information System (ARBİS)*** and their records must be up-to-date.

Scholarships student/ post-doc researcher coming from abroad are required to enroll in the doctoral program in Turkey.

1. The scholarship payment will be made by the host institution. Payment terms are specified in the contract. Scholarship payments can be maid from the date the host institution initiates insurance for the scholarship student / post- doc researcher. [↑](#footnote-ref-1)
2. There is no trial period for students within the scope of the program. The trial period can be provided by the coordinator with sub-regulations. Re-approval by TÜBİTAK is not required at the end of the trial period. [↑](#footnote-ref-2)
3. 2232 Scholars who benefit from the International International Fellowship for Outstandig Researchers Program cannot receive scholarships from other programs of BİDEB at the same time. The other scholarship must be terminated or suspended. [↑](#footnote-ref-3)
4. Post doctoral researchers cannot receive payments if they are working with insurance. [↑](#footnote-ref-4)