**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) |

**Project Coordinator Information**

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

**Scholar 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 Nameand Code |  |
| IBAN No |  |

**Other Information of the Scholar**

|  |  |
| --- | --- |
| Does the scholar benefit from other TUBITAK supported programs?[[1]](#footnote-1) | 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?1 | Yes No  |
| If “Yes”: | Name of the program:Amount of Monthly Scholarship:  | Start Date …/…/20..End Date …/…/20..Duration (Month): |
| 2232 - Month of Scholarship Start |  | Duration (Month) |  |
| Amount of Monthly Scholarship:[[2]](#footnote-2) |  |

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

**The student whose information is given above takes part in the project I am conducting, the implementation within the scope of the related project. I would like to pay the scholarship to the student for the specified amount and duration to be started on the date mentioned above.**

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

**I agree to participate as a scholar from the date specified to contribute to the project above. I accept and undertake that I know the terms and conditions of the contract of the relevant project and I will act in accordance with the specified contract terms.**

**I hereby declare the information I have given above is correct and am not employee in any paid and insured job. If there is a change in the information I declare, I will notify the project coordinator within 10 days. I agree and undertake that the documents to be prepared in accordance with the information I declare.**

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

**Annexes:**

1. Approved Student Certificate
2. Certificate of Obligation that the student will receive from the e-Government page for the relevant month

**Important Reminder:** Scholars should be registered to TÜBİTAK - Researcher Information System (ARBİS) and their records must be up-to-date.

Scholars coming from abroad are required to enroll in the doctoral program in Turkey.

1. The total amount of scholarships to be calculated by taking into account the monthly scholarship received from the projects supported by TÜBİTAK or other public institutions/organizations cannot exceed the maximum monthly scholarship limit (4.500TL) determined by the Board of Directors for this program for that year. [↑](#footnote-ref-1)
2. 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. [↑](#footnote-ref-2)