**TÜBİTAK 2232 INTERNATIONAL FELLOWSHIP FOR OUTSTANDING/EARLY STAGE RESEARCHERS**

**SCHOLAR INFORMATION AND COMMITMENT FORM**

**Project Information**

|  |  |  |  |
| --- | --- | --- | --- |
| Project Number |  | | |
| Project Name |  | | |
| Project Duration | Start Date …/…/20… | End Date …/…/20… | Duration (Months): |

**Coordinator Information**

|  |  |  |
| --- | --- | --- |
| Name Surname |  | |
| T.C. ID No. / Passport No. |  | |
| Host Institution |  | |
| Contact Information | Mobile number: | E-mail address: |

**Scholar Information**

|  |  |  |  |
| --- | --- | --- | --- |
| Name Surname |  | Date of birth: | |
| T.C. ID No. / Passport No. |  | | |
| Contact Information | Mobile number: | | E-mail address: |

**Scholar Bank Account Information**

|  |  |
| --- | --- |
| Bank Name |  |
| City, Name and Code of the Branch |  |
| IBAN No |  |

**Other Information of the Scholar**

|  |  |  |  |
| --- | --- | --- | --- |
| Does the scholar benefit from another  TÜBİTAK-supported program? | Yes No | | |
| If your answer is “Yes”: | Program Name:  Monthly Scholarship Amount: | Start Date …/…/20…  End Date …/…/20…  Duration (Months): | |
| Does the scholar receive a scholarship  from another public institution? | Yes No | | |
| If your answer is “Yes”: | Program Name:  Monthly Scholarship Amount: | Start Date …/…/20…  End Date …/…/20…  Duration (Months): | |
| Does the scholar work anywhere? | Yes | No | |
| Does the scholar have optional  insurance? | Yes | No | |
| Optional insurance start date |  | | |
| 2232 - Scholarship Start Date[[1]](#footnote-1) |  | Scholarship  Duration (Months)[[2]](#footnote-2) |  |
| Monthly Scholarship Amount[[3]](#footnote-3) [[4]](#footnote-4) |  | | |

**To BİDEB Department of Science Fellowships and Grant Programs,**

The student whose information given above is taking part in the project I am leading, for implementation regarding his/her graduate education. I hereby request that the student in question be paid a scholarship for the month specified above to complete his/her education if the period granted by subparagraph (c) of Article 44 of Law No. 2547 is not exceeded.

I declare that the information provided above is correct, and I undertake to notify the relevant department on the same day in case the scholar leaves the project, and in case of any changes in this information, for the scholarship to be terminated.

|  |  |  |
| --- | --- | --- |
| Coordinator Name Surname | Signature | Date |
|  |  | …/ … /20… |

I agree to participate in the project as a scholar starting from the date specified above. I hereby declare that the information I have declared above is correct, that I undertake all possible legal responsibilities that may arise based on my declaration during the audits and controls to be carried out, and that I will immediately inform the project manager in case of a change in the information I have declared, that I have not received any scholarship, Project Incentive Bonus or Fee from any other current TÜBİTAK-supported project or a different program of TÜBİTAK (except BİDEB 2250 Scholarship Program), that I have not exceeded the period of education stipulated by Law No. 2547 in doctoral studies (12 semesters for post-master's doctoral education, 14 semesters for post-undergraduate doctoral education), **that I can receive a scholarship for a maximum of 24 months if I am a master's student, a maximum of 48 months if I am a doctoral student, or a maximum of until the project end date if I am a postdoctoral researcher** and that if an additional scholarship payment is made to me from the project without deducting the Public Institution/Organization scholarship, the total monthly scholarship amount I receive does not exceed the project scholarship limits. I hereby request that the papers and documents to be issued on my behalf be prepared in accordance with the information I have declared.

|  |  |  |
| --- | --- | --- |
| Scholar Name Surname | Signature | Date |
|  |  | …/ … /20… |

**ANNEXES:** Current Student Certificate

Certificate of “Müstehaklık” (Can be obtained from e-Devlet)

Optional Insurance Payment Receipt (A document indicating that optional insurance has been obtained from e-Devlet will also be accepted.)

1. Scholarship payment is made by the host institution. Payment terms are stated in the contract. Scholarship payment can be made from the date the host institution initiates insurance for the scholar. [↑](#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-arrangements. It is not necessary to obtain a re-approval document at the end of the trial period. [↑](#footnote-ref-2)
3. Scholars who benefit from the 2232 International Fellowship for Outstanding Researchers Program cannot receive scholarships from other programs of BİDEB (except the 2250 program) at the same time. [↑](#footnote-ref-3)
4. Postdoctoral researchers cannot receive scholarship payments if they are working in a salaried/insured job. Since postdoctoral researchers may receive payments after the date of the approval letter, joint requests must be made at least two weeks before in advance. Past postdoctoral researchers cannot be added. [↑](#footnote-ref-4)