DÜZCE ÜNİVERSİTESİ

İŞLETME FAKÜLTESİ DEKANLIĞINA

Fakülteniz ……………………… kadrosunda ............. Kurum sicil numarasıyla görev yapmaktayım. Diğer hizmetlerimin Emekli Sandığına tabi hizmetimle birleştirilmesini talep ediyorum. Gerekli bilgiler aşağıda bildirilmiş olup gereğini arz ederim. / /20

İmza

Adı Soyadı

Tarih

İletişim:

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| |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | | **TC Kimlik No.** | | **Adı Soyadı** | **Baba Adı** | | **Doğum Tarihi gg/aa/yyyy** | **Doğum Yeri** | |  | |  |  | |  |  | | Birleştirilmesi Talep Edilen Hizmetim | | | | | | | | SSK | SSK Sicil Numarası | | | Prim Ödeyen Son İş Yeri ve İli | | | |  | | |  | | | | Bağ-Kur | Bağ-Kur Sicil Numarası | | | Prim Ödenen Son Yer ve Adres İli | | | |  | | |  | | | | 657 SK. 4/B. Tabi Sözleşmeli Süreler | Son Görev Yaptığı Kurum ve Adresi | | | | | | |  | | | | | | | Kamu Hizmeti | Son Görev Yaptığı Kurum ve Adresi (Hizmet Belgesi) | | | | | | |  | | | | | | | Banka Sandığı | Prim Yatan Banka Sandıkları ve Adresleri | | | | | | |  | | | | | | |