DÜZCE ÜNİVERSİTESİ

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**Biriminiz\*** ……………………… 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 | | | | | | |  | | | | | | |

\*Örnek: Fakülteniz/Yüksekokulunuz/Enstitünüz/Başkanlığınız/Bölümünüz/Merkeziniz/Koordinatörlüğünüz vb..