## Residence Permit Application Instructions For Non-Contracted Scholars:

- + Go to the webpage: <u>e-ikamet.goc.gov.tr</u>.
- + Click the "I lodge an application for a residence permit for the first time".



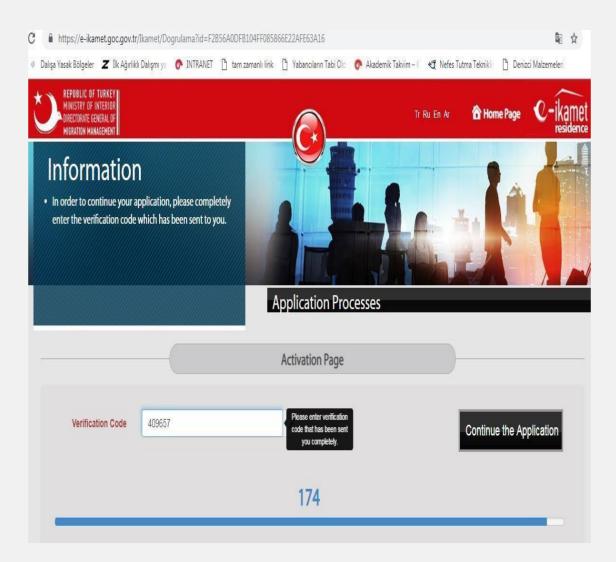
Click "I would like to lodge a new application".



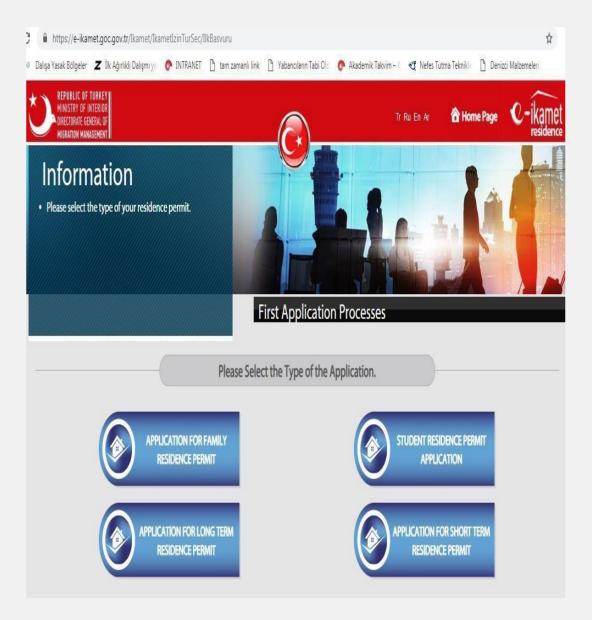
- + A verification code will be sent to the chosen communication information.
- + If you are giving a telephone number, it must be a Turkish operator.
- + If the areas are not red, you do not have to fill them out. That is, you can skip the areas in black.
- + Please fill out only the red areas.

L	Nationality ID Number		
1	Nationality	XXXXXXXXXX	¥
M	Travel document no with which entered	****	1
x	into Turkey		
	Communication Preference	*****	۲
1	E Mail		
1	E-Wall	******	
	Cell Phone		
		Travel document no with which entered into Turkey Communication Preference E-Mail Cell Phone	Travel document no with which entered into Turkey Communication Preference E-Mail Cell Phone

- + A verification code will be sent to the chosen communication information.
- + Enter the code and continue.



+ Click the "Application for Short Term Residence Permit".



- ✤ Do not type the surnames of your parents. Only their names are required.
- + Upload a biometric photo. The photo should comply with ICAO Standarts.

	P	ersonal Information	
Personal Information	on 1 Personal Information 2	Travel Document Informa	ation Person Applying on Behalf of the Applica
Foreig <mark>ners ID No</mark>		1	
Name	XXXXX	1	
His/her Last Name	XXXXXX	1	
Previous Surname		1	
Father's Name	XXXXXXX	1	
Mother's Name	****	1	Delete the Photograph
All fields marked with red are i	nandatory.		

- + Fill all the red areas.
- + Throughout the application, you are required to fill only the red areas.

1	11				
6					
Gender	XXXXXX	▼ The othe	er nationality Please select	*	
Date of Birth	XXXXXXX	The N	Vationailty at XXXXXXXX Birth		
Marital Status	XXXXXXXX	۲	Place of Birth	jw.	
Status of Special Needs	Please select	Th	e Country of XXXXXXXX Birthplace	•	
Nationality ID Number		<b>I</b> M	Blood Group Please select	•	Please se fol
Nationality	XXXXXXXX		stered e-mail EM) address	1	
The mother is the citizen of Turkish Republic	○ Yes ● No				
The Father is the Citizen of Turkish Republic	⊖ Yes ● No				

- + Fill your passport information.
- + Enter the date as month/day/year.
- + If you are using the website in Turkish, it should be day/month/year in Turkish format.

https://e-ikamet.goc.gov.tr	/Ikamet/BasvuruSteps/ProcessStep				🗟 🕁 🧖
Yasak Bölgeler 🛛 İlk Ağırlıkl	ı Dalışmı ya 🛛 🔗 INTRANET 📋 tam zamanl	i link 💾 Yabancıl	ların Tabi Old 🛛 🔗 Akademik Tal	ovim – K 🛛 💐 Nefes Tutma Teknikla	Denizci Malzemeleri
ocument that you you h	the internationally valid ave used for entering into		1	Min.c.	
he country. assport validity must be	60 days longer than the	First App	olication Processe	S	
	Tr	avel Docume	nt Information		
Personal Information	on 1 Personal Informatio	n 2	Travel Document Information	Person Applying on Beha	alf of the Applicar At 🕨
Document Type	Ordinary Passport	٠	Document No	XXXXXXX	1
Date of Issue	XXXXXX		Issuing Country	XXXXX	It is the authority of
Validity Date	xxxxxxxxx		Issuing Authority	XXXXXXX	country that issues to documents that you used for entering into
All fields marked with red are i	nandatory.				country. If this field is available on your tra document, please e
					"concerned authori statement.
Back					Next

- + Select the option "I lodge the application on my own behalf".
- + Continue by clicking the "*Next*" button.

https://e-ikamet.goc.gov.tr/Ikamet/BasvuruSteps/ProcessStep	🛙 🖈 🦷
🛛 Dalışa Yasak Bölgeler 🛛 İlk Ağırlıklı Dalışmı ya  🍖 INTRANET 🎦 tam zamanlı link 🎦 Yabancıların Tabi Old 📀 Akaden	nik Takvim – K 🛛 💐 Nefes Tutma Teknikle 🛛 📋 Denizci Malzemeleri
If the foreigner is under 18, his/her guardian (parent) must fill in this field. If there is a restraint decision for	This A
the foreigner, the guardian by judicial appointment or his/her attorney who has a procuration must fill in	SSES
Person Applying on Behalf of the Applic	ant
Personal Information 1 Personal Information 2 Travel Document Inform	ation Person Applying on Behalf of the Applicant At
I lodge the application on my own behalf	
I lodge the application on behalf of the foreigner as his/her Pa All fields marked with red are mandatory.	rent/Trustee/Guardian.
Back	Next

+ For the address part, it would be enough to type the name of your country.

			cation Processes			
		Abroad Contact I	nformation			
Personal	Information 2 Trav	vel Document Information	Person Applying on Behalf	of the Applica Abroad Co	ontact Information	۲
Country	Germany	•2	Telephone 1		2	
City	GERMANY	-	Telephone 2		2	
Postal Code		1	E-Mail			ersonal e-rr address
Full Address	Germany	1				

+ The address in the contact details should be as in the photo. Do not enter another address. It is essential for your card to be sent to the ITU Registrar's Office.

completely. • The information on you number must be updated	ential address in Turkey and nation correctly and ur address and telephone l in order to contact you or it document to your adress.	Processes for	Renewal Applic	ation		
		Contact Details	in Turkey			
Travel Docur	ment Information Person Applying	on Behalf of the Applica	Abroad Contact Int	formation	Contact Details in Tu	irkey
Province	ÍSTANBUL	•	Telephone 1			2
District	SARIYER	•	Telephone 2			2
District/ Village	REŞİTPAŞA MAH.	•	E-Mail			
Main Road	KATAR CAD.	•				
	2/1					
Apartment		•				
	1					
Apartment Independent Section All fields marked with red are						

+	Fill in only the red area as	"Çalışmıyor"	(not working).
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Abroad Contact Information	Contact Details in Country City	n Turkey Work	k Information
10		Please select	
4	City		<b>I</b> N
1	Job According to Formation	Hairdressers	*
	Telephone 1		2
1	Telephone 2		2
1	E-Mail		
		Telephone 2	Telephone 2

+ Because there is no required area, hit next.

	Informa	tion on Study (The school	that you have last g	(raduated)		
e Applicai Abroad Cor	ntact Information	Contact Details in Turkey	Work Informa	ation	ducation Information (Last Graduati	ion)
Educational Background	Please select	,	Type of School	Please select	9 9	¥
Name of School		1	Country	Please select	Ŕ	۲
Beginning Date of the			City		1	r
Study			Telephone 1		2	2
End Date of Study		Ĩ	Telephone 2		2	2
Full Address			Telephone 2			
		1	Explanation		1	r
		1				
Postal Code		1				
ll fields ma <mark>r</mark> ked with red are	mandatory.					
Back					Next	

+ Because there is no required area, hit next and continue.

e Applicaı Abroad Co	ntact Information G	ontact Details in Turkey	Work Informa	tion Education In	formation (Last Graduation)
Educational Background	Please select	×	Type of School	Please select	Ŧ
Name of School		1	Country	Please select	•
Beginning Date of the Study		m	City		1
End Date of Study			Telephone 1		2
Full Address			Telephone 2		2
T UI AUTESS		1	Explanation		1
Postal Code		1			
All fields marked with red are	mandatory.				

- + Select the relevant Income Status from the scroll down menu.
- + Type your field of research to the Current Occupation box.

		Income I	nformation			
Work Informa	ation	Education Information (Last Gradu	ation) Education Information	(Continuing)	Income Information	
Income Status		•	Source of Income			/
Total Monthly Income		1	Current Occupation			•
All fields marked with red are manda	tory.					

Select the Type of Insurance as given in the image below even if you have a private insurance.

The persons who are withi social security contract mus		First Application Process	25	
		nformation on Insurance		
Education Informat	ion (Last Graduation) Education Informa	ation (Continuing) Income Inform	nation	Information on Insurance
Type of Health Insurance	SSI-General Health Insurance	Insurance Company	SGK	1
		Insurance Policy Number		1
All fields marked with red are ma	andatory.			
Back				Next

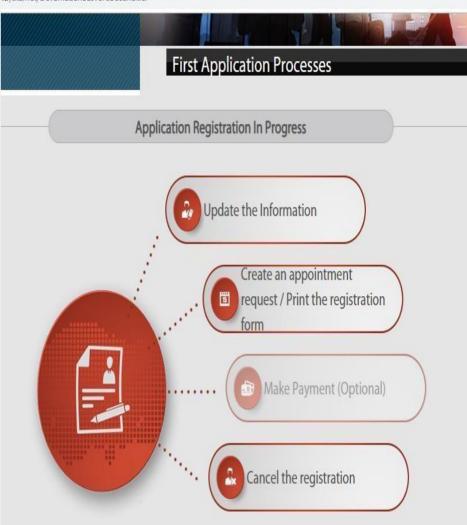
+ Select all the red options.

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→ C	https://e-ikamet.goc.gov.tr/Ikamet/BasvuruSteps/ProcessStep		☆	8	A
	I have a passport or a document substituing for passport that is longer than 60 days when I stay in and I affirm that I renew my validity date of travel documents before expiry date.				
	I do not have a disease that is described as a threat to public health				
	I have the required sheltering conditions for the general health and security standards.				
	General Health Insurance (Please select one of the following options)				
	□ I have health insurance covering my period of stay.				
	I declare that I will take out a health insurance within 3 months as of my application date.				
	I declare that I will not use my residence permit out of its purpose of issue.				
	I declare that I will not work without having work permit.				
	I declare that I shall pay university fee, attend my lessons and give information provincial directorate within 10 days in the circumtances of graduation or exmatriculation.				
	I declare that I can apply for short-term residence permit within 6 months (as of the date of graduation) after I complete my education. I declare that I am acknowledged that this application right does not give the right to stay in your country without residence permit	5			
	My legal representatives has consent including my education period in your country.				
	I declare that I will continue to study.				
	I declare that I was not deported from your country with a different name and surname or an entry ban was not imposed on me.				

- + Choose "Those who are going to participate in training, research, internship, or courses via state institutes." for the reason of your stay.
- ✦ Select the date range according to your research and passport duration.
- + Click the black "*Complete*" button.

		Student Residence	e Permit Information		
uing) Income	e Information	Information on Insurance	Student Declaration	Information Student Resid	lence Permit Information
Reason for Stay	Those who are going to par internship, or courses via st	ticipate in training, research, ate institutes.	Explanation of Reason for Stay		1
Requested Period	2	Year 🗸	Starting date that has been requested	02/01/2019	
Possible Entry Date into Turkey			Expiry date that has been requested	02/01/2021	
	olication shall be cancelled and			aken on me pursuant to Article 20 all be cancelled and deportation p	
	d and Accept				

+ Click the "Create an appointment request/ Print the registration form".



.tr/Ikamet/DevamEdenBasvuruSecenekler

- + Select "I would Like to Make an Appointment only for myself".
- + Enter the verification code and continue.

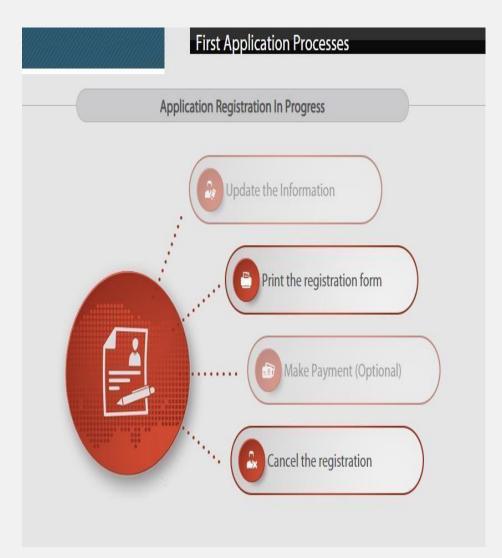
<ul> <li>get a group appointment.</li> <li>For group appointments you can get an</li> </ul>	appointment First Application Processes	
(	Information of Person/Persons who will make appointment.	D
I Would Like to Make an Appointment only     I Want To Get An Appointment For More Th		
Enter the characters you see in the in Click to refresh if you can not read.	mage to the space near the image.	
Back		Resume

+ Any location can be chosen for a place of appointment.

	Appointr	ment Informat	tion	
Place of Appointment	Please select	,		
	Please select BEŞİKTAŞ,BEYOĞLU VE ŞİŞLİ	ANBUL PROVINC	E APPOINTMENT S	
Regarding your residence	BEYLİKDÜZÜ, BÜYÜKÇEKMECE, ESENYURT		es of the application centers from which you can get an appointment in propriate application center for you.	
	KADIKÖY VE ÜSKÜDAR		Estimated Nearest Appointment Date	1
	PENDÍK, KARTAL, MALTEPE, SULTANBEYLÍ,			1
	TUZLA	-	01.02.2019	1
	Head of Kadıköy District Group			1
	Head of Pendik District Group		23.01.2019	1
İstan	bul Provincial Directorate of Migration Management		• •	
Enter the characters you s	ee in the image to the space near the image.			
Click to refresh if you can not rea				

<u>2</u> <u>4</u>

- + Print the application form.
- *"Make Payment"* section will be available after printing.



+ Print the document (it can be black and white) and sign the signature part (6th page).

M Verification for e-Residence App × 2 Direct		Basvuru_Formu-Application_Fo			× 🛛 🔉 Directorate General of Migratio 🗙	+
← → C ① File   file:///C:/Users/aysek	ker/OneDrive%20-%20Koç%	20Üniversitesi/My%20Computer	r/Downloads/Ba	svuru_Formu-Applicatio	n_Form.pdf	🖈 🧤 🚺 🗄
Basvuru_Formu-Application_Form.pdf		1,	/ 8			c ± ⊕ <sup>1</sup>
	GÖÇ İDARE GÖÇ İDARE Genel Müdürli	S Declaration		RENCİ KAYIT FORMU idence Permit Registratic	n Form	
	Kayıt Tarihi (Date of Registration)	10.01.2019 Kayıt Numa (Registratio	arası In Number) 201	9-73-0035881		
	Başvuru Türü (Type of Application)	İlk Başvuru Randevu Y Appointmen	reri (Place of BES nt) Sişi	ŞİKTAŞ,BEYOĞLU VE Lİ		
	Başvurulan İkamet İzni Türü (Applied Residence Permit Type)	Randevu T Appointmer	arihi (Date of Ran nt) Tari	idevu Tarihi GİGM afından Belirlenecektir	P 1	
	Kalış Nedeni(Purpose of Stay)				101 1	
	Talep Edilen İzin Başlangıç Tarihi (Requested Start Date)	Talep Edile (Requested	en Bitiş Tarihi i End Date) 1/2	2/2021	Juni	
		al Information )				
	Uyruk Kimlik No Foreign ID Number		Uyruğu Nationality	1		
	Soyadı Sumame		Diğer Uyruğu Other Citizenship			
	Adı		Doğumdaki Uyruğ	u		
	Name Önceki Soyadı		Nationality in Born Doğum Yeri	-		
	Previous Surname Baba Adı		Place of Birth Doğum Yeri Ülkes			
	Father's Name		Born Country	·		
	Anne Adı		Cinsiyeti	1.12		÷
	Mother's Name Yabancı Kimlik No		Gender Medeni Hali			
	Foreigner ID Number		Marital Status			
	Kan Grubu		Doğum Tarihi	5/200		(+)
	Blood Group		Date of Birth			
	SEYAHAT BELGESİ BİLGİLERİ Belge Türü	(Travel Document Information )	Belge No	1		
	Type of Document	Umuma Mahsus Pasaport	Number of Do	ocument		
	Düzenleme Tarihi / Geçerlilik Ta	arihi	Veren Ülke /			
	Date of Issue / Date of Validity		Granting Cou Authority	nuy /		-
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