

## INTERNSHIP FORM

**A-Level/FSC/College Students/Non-Medical**

Name: \_\_\_\_\_ Father Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Blood Group: \_\_\_\_\_

Contact No: \_\_\_\_\_ Email Address: \_\_\_\_\_

Address: \_\_\_\_\_

Qualification \_\_\_\_\_ Department: \_\_\_\_\_

Institute Name: \_\_\_\_\_ Completion Date of Graduation: \_\_\_\_\_

Time Period Desired (Not longer than 1-month)

From: \_\_\_\_\_ To: \_\_\_\_\_

Desired Department: \_\_\_\_\_

Date & Signature of Applicant: \_\_\_\_\_

Head of Department Signature & Stamp: \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_

Required Documents:

- Internship Recommendation Letter/ Copy of College/University Latest Result
  - 1 Copy of CNIC
  - 1 Passport size picture.
  - Processing Fee Rs.2000/- (Per month) for all departments
  - Processing Fee Rs.7000/- (per month) for Nutrition & Psychology department
- \*(No cash payments are allowed. Payment should be submitted to the cash counter and submit the payment receipt along with the required documents to MSA Department)