

INTERNSHIP FORM

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

Name: _____ Father Name: _____

Date of Birth: _____ Blood Group: _____

Address: _____

Contact No: _____ Email 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 by Office of Academics: _____

Approved by;

DIRECTOR ACADEMICS

Required Documents:

- Internship Recommendation Letter/ Copy of College/University Latest Result
- Copy of CNIC
- 1 Passport size picture.
- Processing Fee Rs.2000/- (Per month) & Rs.7000/- per month for Nutrition Department.