



Internship Registration Form

PLEASE WRITE IN BLOCK LETTERS

FORM # _____ :

FULL NAME

DEPT/INSTITUTE

BACHOLARS/MASTERS

EMAIL ID

CONTACT #

CNIC /ENROLMENT CARD

PROGRAM TITLE

Intra University Internship Program 2023-24

OPTIONS OF INTEREST

1 _____ 2 _____ 3 _____

Requirements:

- 1 University Registration Card (Copy)
- 2 Last Semester Perform (Copy) or Concern Letter from the H.O.D.
- 3 No Stipend will be paid.

FORM SUBMISSION DATE

2023-2024

APPLICANT SIGNATURE

HOD SIGNATURE

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