

## INTERNSHIP APPLICATION FORM

(Fill all fields in BLOCK letters)

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## **Personal Information**

Student's Name:		Father's l	Father's Name:					
CNIC #:			Date of B	irth:				
Postal Address:								
Permanent Address:								
Domicile:	Cell	No: _	Phone No:					
Gender:	Reli	gion:	Email:					
Qualification in Progr	ress							
Degree:	_	Discipline:	Semester:					
CGPA: Registration No: Roll						ll No:		
University:			Final Year Proje	ect (if any): _				
Previous Academic R	ecord							
Degree/ Certificate	Passing Year		rks Obtained / Total rks & GPA	Division / Grade	Institute / Board			
In case applicant is so	on/daughte	r of I	POF employee/Ex-PO					
Name of Father/Mother			Designation	Pl. No.		Fy/Grp/Dept		
Proposed Internship Date	s: From			_To				
Date:						Student's Signatu	ıre	

## **Eligibility**

University/College students who have completed their degree or studying in at-least **4**<sup>th</sup> **semester** of undergraduate/Graduate Program are eligible to apply.

## **How to Apply?**

Application Form duly filled in must be submitted at least one month before start of internship under covering letter of HOD of respective College /University addressed to **Executive Director HR & OD, POF Wah Cantt**.