



ERP Internship Registration Form

PLEASE WRITE IN BLOCK LETTERS

FORM # _____ :

COMPLETE NAME

AFFILIATION (DEPT)

CLASS WITH SUBJECTS

EMAIL ID PLEASE WRITE IN >
BLOCK LETTERS

TELEPHONE / CELL #

CNIC /ENROLMENT CARD

EVENT TITLE

ERP Internship Program 2022-23

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

- 22

APPLICANT SIGNATURE

OFFICE OF RESEARCH, INNOVATION & COMMERCIALIZATION (ORIC)

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