



# 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

Intra University Internship Program 2022-23

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

\_\_\_\_\_ - \_\_\_\_\_ 2022

APPLICANT SIGNATURE

\_\_\_\_\_

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