



AYUB TEACHING HOSPITAL, ABBOTTABAD

"INTERNSHIP FORM"

Speciality / Technology with Semester:	
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"PERSONAL INFORMATION"

Name:	
Father Name:	
Date of Birth:	
CNIC:	
Gender:	
Religion:	
Province of Domicile:	
District of Domicile:	
Speciality/ Diploma Duration:	
Institution Name with Registration No.	
Internship Duration (04 Weeks only):	
Postal Address:	
	Phone No: _____

"ACADEMIC INFORMATION"

Certificate / Diploma / Degree Name	Degree / Diploma Name	Major Subjects	Year Passing	Total Marks / CGPA	Obtained Marks / CGPA	University / Board	Institution Name

Note: The Internship is purely on honorary basis & no stipend will be paid.

"UNDERTAKING BY THE APPLICANT"

I _____ S/O/D/O _____ do hereby solemnly affirm that I have read and understood the conditions and I have filled the form as per instructions given above and in the event any information contained herein is found to be untrue, I shall be liable to disciplinary action which may result in cancellation of my Internship.

Date: _____ Signature of the candidate: _____

FOR OFFICE USE ONLY:

Recommendation of concerned Department: _____

Signature: _____ Stamp: _____

Name & Designation of Supervisor/ Head of Department/ _____ Contact No. _____

Senior Manager (HR)