 **Career Counselling Centre**

**THE UNIVERSITY OF CHAKWAL**

 Main Campus, Talagang Road, Chakwal. Tel: 0321-5989739

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| INTERNSHIP REQUEST FORM |

 Student Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Department: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Registration No: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ CGPA: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cell No: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Residential Address

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| **Internship Preference**  |
| Sr. No. | Industry Name | City | Industry Address/Contact |
| 1 |  |  |  |
| 2 |  |  |  |
| 3 |  |  |  |

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| **ACTIVITIES/TASKS DURING INTERNSHIP** |
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| INTERNSHIP PERIOD | (DURATION) |
| FROM | (DD.MM.YYYY) | TO | (DD.MM.YYYY) |

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| Departmental Focal Person Name: |  | Departmental Focal PersonSignature: |  |
| Student Signature: |  | Remarks if any: |  |

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| **INSTRUCTIONS** |
| 1 | The letter will be issued after 2-3 days of submission |
| 2 | Select the internship task after discussing with Departmental Focal Person (faculty member). |