 **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 |  |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **ACTIVITIES/TASKS DURING INTERNSHIP** | | | | |
|  | | | | |
| |  |  |  |  | | --- | --- | --- | --- | | INTERNSHIP PERIOD | (DURATION) | | | | FROM | (DD.MM.YYYY) | TO | (DD.MM.YYYY) | | | | | |
| Departmental Focal Person Name: | |  | Departmental Focal Person  Signature: |  |
| 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). |