



Career Counselling Centre

THE UNIVERSITY OF CHAKWAL

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

INTERNSHIP REQUEST FORM

Name: _____

Department: _____

Registration No: _____ CGPA: _____

Cell No: _____

Remarks (if any): _____

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

ACTIVITIES DURING INTERNSHIP			
INTERNSHIP PERIOD		(DURATION)	
FROM	(DD.MM.YYYY)	TO	(DD.MM.YYYY)
		Departmental Focal Person	
Departmental Focal Person Signature		Student Signature	

INSTRUCTIONS

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