



INTERNSHIP APPLICATION **FORM**

ATTACH
PICTURE

1. PERSONAL INFORMATION

- 1.1 Full Name : _____
- 1.2 Gender : ☐ Male ☐ Female
- 1.3 Date of Birth : ____ / ____ / ____ (Age: ____ Year)
- 1.4 CNIC Number : ____ / ____ / ____
- 1.5 Contact Number : _____
- 1.6 Email Address : _____
- 1.7 Postal Address : _____
- 1.8 Emergency Contact
- 1.8.1 Name : _____
- 1.8.2 Relationship : _____
- 1.8.3 Contact Number : _____

2. EDUCATION DETAILS

- 2.1 University/College Name : _____
- 2.2 Degree Program : _____
- 2.3 Year of Study : _____
- 2.4 Major Subjects : _____

3. INTERNSHIP DETAILS

- 3.1 Preferred Internship Department (Check One):

- | | |
|---|---|
| <input type="checkbox"/> Education Programs | <input type="checkbox"/> Healthcare Services |
| <input type="checkbox"/> Human Resources | <input type="checkbox"/> Operations |
| <input type="checkbox"/> Administration | <input type="checkbox"/> Information Technology |
| <input type="checkbox"/> Marketing & Communications | <input type="checkbox"/> Research & Development |
| <input type="checkbox"/> Finance & Accounts | <input type="checkbox"/> Other: _____ |

- 3.2 Duration of Internship : From ____ / ____ / ____ To ____ / ____ / ____
- 3.2 Availability (Hours per Week) : _____

4. SKILLS & EXPERIENCE

4.1 Relevant Skills : _____

4.2 Previous Internship Experience : ☐ Yes ☐ No

4.2.1 If yes, please provide details

a. Company Name : _____

b. Duration : _____

5. LANGUAGE PROFICIENCY (Check all that apply)

☐ Urdu ☐ Punjabi ☐ Pashto ☐ English ☐ Others : _____

DECLARATION

I, _____ hereby declare that the information provided above is true and accurate to the best of my knowledge. I agree to abide by the policies and code of conduct of **SALT RANGE SOCIAL WELFARE FOUNDATION (SWF)** during my internship.

Signature : _____

Date : ____ / ____ / ____

FOR OFFICIAL USE ONLY

- Recommend by : _____
- Department : _____
- Date : ____ / ____ / ____

HR REMARKS

- Approved by : _____
- Remarks : _____
- Date : ____ / ____ / ____