SPECIAL INTERNSHIP PROGRAM
Malakand Division-2010-2011

Personal details

Name_____
Date of Birth: Day _____ Month _____Year_____
Father's Name_____
Gender: Male/Female (please tick the relevant)
CNIC Number | | | | | | — | | | | | | | | — | |

Education

Title of final degree _____ Subject _____ Year of Passing_____
Grade/Division _____ Marks obtained/ (%age/CGPA)_____
Roll No._____ University Registration/Enrollment No. _____
Name of University/Degree Awarding Institute_____
_____

Placement details

Domicile: District _____ Province _____
List names of three Districts in order of your preference for placement under the National Internship Program. This listing indicates your preference/ convenience. However, the government can place you anywhere for the National Internship Program according to availability of places for internship.

First (District)_____ Second (District) _____ Third (District) _____

Contact details

Phone No.(Res):_____ Cell No. _____
Fax No._____ E-mail _____
Permanent Address: _____
_____

Mailing Address: _____
_____

Did you apply for NIP previously? ☐ Yes ☐ No
If yes, please, mention your Reference No. _____
Have you already availed internship under the NIP ☐ Yes ☐ No

Declaration: By signing below you will be certifying that statements you have made in this application are correct to the best of your knowledge and belief; and that you agree that you meet the eligibility criteria for the internship programme. Submission of incorrect information may lead to strict legal action and debarring you from future internship under NIP.

Date: _____ Signature of the Applicant