



**DEPARTMENT OF HUMAN RESOURCES**  
**MEDICAL TEACHING INSTITUTION**  
 Gajju Khan Medical College / Bacha Khan Medical Complex Swabi /THQ  
 Topi/THQ Lahore  
 (Khyber Pakhtunkhwa)



### Internship Application Form

Student Name			
CNIC #		Cell No:	
Postal Address			
Domicile		Gender	
Email Address		Religion	

### Qualification in progress

Degree: _____ Discipline: _____ Semester: _____		
CGPA: _____ Registration No: _____ Roll No: _____		
University/College: _____ Final Year Project (if any): _____		

### To be completed/verified by the Institute

Name: _____		Designation: _____	
Is the student currently enrolled in your institute		Yes <input type="checkbox"/>	No <input type="checkbox"/>
_____ Signature and Stamp			

### Certification

I herewith certify that the information contained herein is correct to the best of my knowledge and belief.	
Signature: _____	Date _____

### To be completed by HOD Internship

Is the student allowed for internship at MTI GKMC/BKMC		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Proposed internship Dates: From _____ To _____			

\_\_\_\_\_  
HOD Signature

\_\_\_\_\_  
DEAN CEO/HD/MD

\_\_\_\_\_  
HR Manager  
MTI GKMC/BKMC

### How to Apply?

Application form duly filled in must be submitted two weeks before the start date of internship under covering letter of HOD of respective college/University addressed to HR Department MTI-GKMC/BKMC