



MTI-GAJJU KHAN MEDICAL COLLEGE /BACHA KHAN MEDICAL COMPLEX, SWABI

INTERNSHIP APPLICATION FORM

2 x Photo

1. Applicant's Name: _____ 2. Father Name: _____
3. Date of Birth: _____ 4. Domicile: _____
(Distt. /Agency name)
5. CNIC No: _____ 6. Gender (Male/Female): _____
7. Email address: _____
8. Age: _____ Years _____ Months 9. Contact No.: _____
10. Permanent Home Address: _____

11. Valid What's App Number for Communication: _____

12. EDUCATIONAL QUALIFICATION:

S#	Qualification	Year	Marks		Institution
			CGPA	Total GPA	
3.	BSN				

Applicant's Declaration: I, Mr./Ms....., hereby solemnly affirm that the information given above is true, correct and that nothing has been concealed therein and in case of any miss/dis-information will expose me to any penalty including dismissal/termination of my Internship at any stage.

Applicant's Signature & Date:

AFFIDAVIT FOR (BSN INTERNEE)

I S/D/O resident of..... Solemnly affirm on oath that I shall abide by all the rules and regulations of the Government laid down by MTI-GKMC/BKMC Swabi as and when applicable to me. Rules and regulations of MTI-GKMC/BKMC Swabi shall be overriding on all others. I also pledge that:-

1. I shall be regular and punctual throughout my Internship. Attendance below 100% will lead to the termination of my Internship.
2. I shall carry out my duties/ patient care with responsibility and sincerity.
3. I shall treat all patients, colleagues and peers with respect and dignity.
4. I shall observe good Nursing practices and shall follow ethics with norms and values.
5. I shall not discriminate against anyone based on caste, creed and cultural.
6. I shall have maintained discipline and in case of breaking discipline, I will be liable for strict disciplinary action.
7. I shall not demand for accommodation and shall not go on any protest or strike.
8. I shall not indulge in any independent private job during my internship period as my internship is full-time.
9. I shall not indulge in any politics during my internship period.
10. I shall not involve myself in any improper relationship with the patient's attendant and staff of the hospital.
11. I will avail leaves during my Internship as per MTI BKMC policy.
12. After joining, If I left my Internship incomplete without written permission of the Nursing Directorate I will be liable to refund all dues received as BSN INTERNEE.
13. I shall pay for the loss i.e. breaking of medical instruments/equipments or any property of the hospital.

I have read and understood this affidavit and will abide by all rules and regulations, any deviation from the above rules shall result in the termination of the Internship. The decision of the MTI-GKMC/BKMC Swabi administration will be final and I will not challenge the decision of the MTI-GKMC/BKMC Swabi administration in any court of law.

Date

Signature of Candidate

Name S/D/O.....

Thumb impression

NIC NO & address.....

Witness 1

Signature

Name S/D/O.....

NIC No: & Address... ..

Witness 2

Signature

Name S/D/O.....

NIC No: & Address.....

Attested by oath commissioner