

## INTERNSHIP APPLICATION FORM

PERSONAL INFORMATION					
Name:					<i>Affix Passport Size (2 x 3) Photograph</i>
Father's Name:					
Address:					
DOB:		Age:		Nationality:	
CNIC# / Student ID:			Gender:		Marital Status:
Cell#:		Tel(Res.):		Email:	
Name of Institute / University:					
Address:				Tel#:	
Contact Person (Institute / University)	Name:		Designation:		Tel#:
Year / Semester:		Department:		<u>Internship Period Applied For:</u> From: _____ To: _____	
In case of Emergency, notify (Mr. / Mrs. / Miss)					
Relation:				Tel#:	

STATUS OF ON GOING EDUCATION				
Certificate / Degree	Board / University / Institute	Date of Completion	Accumulated GPA / Percentage	Major Subjects
PAST ACADEMIC RECORD				

CAREER PLANS / FIELD(S) OF INTEREST
<div style="border-bottom: 1px dotted black; margin-bottom: 5px;"></div> <div style="border-bottom: 1px dotted black; margin-bottom: 5px;"></div>

PREVIOUS INTERNSHIPS / EXPERIENCE (if any)				
Organization	Position	Field of Work	From	To

REFERENCES (if any)			
Name	Contact	Occupation	Address

**PLEASE ATTACH FOLLOWING DOCUMENTS:**

- a) 1X copy of CNIC
- b) 1X copy of University / Institute ID Card
- c) 2X passport size Photographs
- d) Copies of Mark Sheets / Transcripts mentioning accumulated GPA / Division or Percentage (from current educational institute only)

**DECLARATION:**

I certify that all the information provided in this form is true and complete to the best of my knowledge and belief.

I shall abide by all the rules and regulation / codes of conduct communicated to me during the course of my internship in PSMCL.

I understand that the duration of my internship will be for may be increased or curtailed upon sole discretion of PSMCL.

I understand that PSMCL will not have any responsibility & financial liability for any loss / damage caused to me during the course of my internship.

I undertake that all the information made known to me during the course of my internship shall be kept confidential and shall not be shared with any irrelevant person / entity, except with explicit authorization by the Company.

**NOTE:** Please send the duly filed form along with all the required documents to **Head of HR**, Pak Suzuki Motor Company Limited, DSU-13, Pakistan Steel Industrial Estate, Bin Qasim, Karachi – 75000.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

**AUTHORIZATION / UNDERTAKING BY THE INSTITUTE / UNIVERSITY:**

We hereby confirm that the above applicant is a bonafide student of our Institute/University and is eligible for the Internship program.

**Institute / University Representative:**

\_\_\_\_\_  
( Name & Designation )

\_\_\_\_\_  
( Signature / Official Seal )

