

IBD/AU/853/19/PLAC/05

Dated:				
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APPLICATION FOR INTERNSHIP RECOMMENDATION LETTER

I,	S/Do					
CNIC#	C#: Registrat	Registration No				
Degre	ree Semester	Cell#				
Whats	atsApp#Email Address:					
would	ld like to seek internship opportunity through the Plac	cement Office and I	request to provide			
Recon	ommendation Letter for HR Manager (Name)					
Phone	ne No of HR Manager / Organization					
Email	ail Address of HR Manager / Organization:					
Postal	tal Address					
I clear	early understand / accept that I shall comply with follow	wing during my ent	ire internship period.			
1.	I will uphold high standards of academic integrity through honesty, fairness & responsibility.					
2.	2. I will follow all the rules & regulations of the emplo	oyer organization.				
3.	I will comply with all instruction given to me by Supervisor.					
4.	4. All kinds of work assignments done by myself will	be the property of	the organization.			
5.	 I will keep the confidentiality of the information and to any un-authorized person in or outside the organic 		ny kind of information			
6.	6. I will neither take part in any kind of discrimination	vill neither take part in any kind of discrimination nor commit acts of violence/harassment.				
7.	I will not indulge in any politics / will not be affiliate parties / union bodies during my internship period	, , ,	of students / political			
8.	8. After the completion of internship, I will return Offi	er the completion of internship, I will return Office Entry Pass or any other belonging.				
9.	I will submit the Internship Training Report to the internship completion.	Placement Office w	vithin 15 days of			
I agre	ree that my internship could be terminated due to	violation of the c	ode of conduct.			
Studer	dent Name Stud	dent Signature				
HoD/D	0/Department Sign & Stamp					
	Student ID Card Copy attached	Transcript Co	py attached			
	To be filled by	Placement Office				
	Diary No:					
	Application Submission Time: Application Submission Date:					
	Letter Collection Time: Letter Coll	lection Date:				

Signature: