**INTERNSHIP PROGRAM**

**APPLICATION FORM FOR PAKISTANI STUDENTS**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Personal Information** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Prefix | | First Name | | | | | | | | | | | | Middle Name | | | | | | | | | | | Last Name | | | | | | | | | | | Gender |
| Choose an item. | | Click here to enter text. | | | | | | | | | | | | Click here to enter text. | | | | | | | | | | | Click here to enter text. | | | | | | | | | | | Choose an item. |
| Email: | Click here to enter text. | | | | | | | | | | | | | | | | | Country of Residence: | | | | | | | | | | | | | Click here to enter text. | | | | | |
| Daytime Phone: | | | | | | | Click here to enter text. | | | | | | | | | | | Mobile Phone: | | | | | | | | | | Click here to enter text. | | | | | | | | |
| Date of Birth: | | | | | Click here to enter a date. | | | | | | | | | Domicile District: | | | | | | | | | Click here to enter text. | | | | | | | | | | | | | |
| Nationality at Birth: | | | | | | | | | Click here to enter text. | | | | | | | | Current Nationality: | | | | | | | | | | | Click here to enter text. | | | | | | | | |
| CNIC No: | | | Click here to enter text. | | | | | | | | | | | | | | | | | | | Passport No: | | | | | | | | Click here to enter text. | | | | | | |
| Current Address: | | | | | | | | | Click here to enter text. | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Town/Village: | | Click here to enter text. | | | | | | | | | | Tehsil : | | | Click here to enter text. | | | | | | | | | | | | District: | | | | | | Click here to enter text. | | | |
| Permanent Address (leave black if same as current) | | | | | | | | | Click here to enter text. | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Town/Village: | | Click here to enter text. | | | | | | | | | | Tehsil : | | | Click here to enter text. | | | | | | | | | | | | District: | | | | | | Click here to enter text. | | | |
| How did you hear about us? | | | | | | | | | | | Click here to enter text. | | | | | | | | | Specify Here | | | | | | | | | | | Click here to enter text. | | | | | |
| **Language Proficiency** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Language | | | | | | | | | | | | | | Read | | | | | | | | | | Write | | | | | | | | | | Speak | | |
| English | | | | | | | | | | | | | | Choose an item. | | | | | | | | | | Choose an item. | | | | | | | | | | Choose an item. | | |
| Urdu | | | | | | | | | | | | | | Choose an item. | | | | | | | | | | Choose an item. | | | | | | | | | | Choose an item. | | |
| Pashto | | | | | | | | | | | | | | Choose an item. | | | | | | | | | | Choose an item. | | | | | | | | | | Choose an item. | | |
| Sindhi | | | | | | | | | | | | | | Choose an item. | | | | | | | | | | Choose an item. | | | | | | | | | | Choose an item. | | |
| Punjabi | | | | | | | | | | | | | | Choose an item. | | | | | | | | | | Choose an item. | | | | | | | | | | Choose an item. | | |
| Click here to enter text. | | | | | | | | | | | | | | Choose an item. | | | | | | | | | | Choose an item. | | | | | | | | | | Choose an item. | | |
| Click here to enter text. | | | | | | | | | | | | | | Choose an item. | | | | | | | | | | Choose an item. | | | | | | | | | | Choose an item. | | |
| Click here to enter text. | | | | | | | | | | | | | | Choose an item. | | | | | | | | | | Choose an item. | | | | | | | | | | Choose an item. | | |
| **Education (start from highest degree received)** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Name of Degree | | | | | | | | Major Subject | | | | | | Name of Institution | | | | | | | | | | | | | | | | | Passing Year/Class | | | | CGPA | |
| Click here to enter text. | | | | | | | | Click here to enter text. | | | | | | Click here to enter text. | | | | | | | | | | | | | | | | | Click here to enter text. | | | | Click here to enter text. | |
| Click here to enter text. | | | | | | | | Click here to enter text. | | | | | | Click here to enter text. | | | | | | | | | | | | | | | | | Click here to enter text. | | | | Click here to enter text. | |
| Click here to enter text. | | | | | | | | Click here to enter text. | | | | | | Click here to enter text. | | | | | | | | | | | | | | | | | Click here to enter text. | | | | Click here to enter text. | |
| **Skills & Achievements (please be precise)** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Computer Literacy | | | | | | | | Click here to enter text. | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Awards, Certificates and Publications | | | | | | | | Click here to enter text. | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Scholarships / International Exposure | | | | | | | | Click here to enter text. | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Co-Curricular Activities | | | | | | | | Click here to enter text. | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Expertise / Skills | | | | | | | | Click here to enter text. | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Academic Interest | | | | | | | | Click here to enter text. | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Institutional Information (currently enrolled)** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Name of Institution:** | | | | | | | | Click here to enter text. | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Duration | | | | | | | | From: | | | | | Click here to enter a date. | | | | | | | | | | | To: Click here to enter text. | | | | | | Click here to enter a date. | | | | | | |
| Program Enrolled: | | | | | | | Click here to enter text. | | | | | | | | | | | | | | Registration No: | | | | | | | | | | Click here to enter text. | | | | | |
| Telephone No: | | | | | | Click here to enter text. | | | | | | | | Name & Title of Head of Dept. | | | | | | | | | | Click here to enter text. | | | | | | | | | | | | |
| Head of Dept. Mobile No: | | Click here to enter text. | | | | | | | | | | | | | | Head of Dept. Email: | | | | | | | | Click here to enter text. | | | | | | | | | | | | |
| **Placement Preference for Internship** (List the name of the city of your preference and note that incase of non-availability of opportunity or vacancy in your city of choices HADE will place you in the nearest city) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Option 1 | | | | | | | | Click here to enter text. | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Option 2 | | | | | | | | Click here to enter text. | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Option 3 | | | | | | | | Click here to enter text. | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Motivation for applying for this job (please state briefly the reason why you think that you are the most suitable candidate for this position) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Reference 1:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Name: | | Click here to enter text. | | | | | | | | | | | | | | | | | Designation: | | | | | | | | | | Click here to enter text. | | | | | | | |
| Company: | | | | Click here to enter text. | | | | | | | | | | | | | | | Email ID: | | | | | | | Click here to enter text. | | | | | | | | | | |
| Telephone: | | | | | Click here to enter text. | | | | | | | | | | | | | | Affiliation Type: | | | | | | | | | | | | | Choose an item. | | | | |
| **Reference 2:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Name: | | Click here to enter text. | | | | | | | | | | | | | | | | | Designation: | | | | | | | | | | Click here to enter text. | | | | | | | |
| Company: | | | | Click here to enter text. | | | | | | | | | | | | | | | Email ID: | | | | | | | Click here to enter text. | | | | | | | | | | |
| Telephone: | | | | | Click here to enter text. | | | | | | | | | | | | | | Affiliation Type: | | | | | | | | | | | | | Choose an item. | | | | |
| **Reference 3:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Name: | | Click here to enter text. | | | | | | | | | | | | | | | | | Designation: | | | | | | | | | | Click here to enter text. | | | | | | | |
| Company: | | | | Click here to enter text. | | | | | | | | | | | | | | | Email ID: | | | | | | | Click here to enter text. | | | | | | | | | | |
| Telephone: | | | | | Click here to enter text. | | | | | | | | | | | | | | Affiliation Type: | | | | | | | | | | | | | Choose an item. | | | | |
| **Emergency Contact Details** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Name: | | | | | Click here to enter text. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Relationship: | | | | | Click here to enter text. | | | | | | | | | | | | | | Contact No: | | | | | | | | | Click here to enter text. | | | | | | | | |
| Address: | | | | | Click here to enter text. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| PO/DD No: | | | | | Click here to enter text. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Amount: | | | | | Click here to enter text. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Bank, Branch and City: | | | | | | | | | | Click here to enter text. | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Undertaking:**  I certify that all information provided above relates to myself and is factually correct to the best of my knowledge and is honestly presented. I have read and understood the eligibility criteria of Internship and I am eligible applicant of the program. I’ve read and understand the Internship attendance policy and I shall not be awarded certificate incase my attendance is less than 90%. I also understand that SHADE reserves the right to place me for Internship in any member organization and in any city of Pakistan where opportunity is available. I understand that any misstatement will result in rejection of my application, if in process and in termination of my Internship with SHADE or its member organization, if recruited. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Submission Guidelines:**  Filled application forms can be submitted through email to [shade.sindh@gmail.com](mailto:shade.sindh@gmail.com) or [jobshadesindh@gmail.com](mailto:jobshadesindh@gmail.com) but it will be only considered after providing proof of Domicile of various Province of Pakistan. Scan and hard copy of Domicile will be essential at the time of submitting application Form to SHADE secretariat by hand or through courier. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Digitally Signed | | | | |  | | | | | | | | | | | | | | Date | | | | | | | | | | | | |  | | | | |