ALAMGIR WELFARE TRUST INTERNATIONAL

VOLUNTEER/INTERNSHIP PLACEMENT PLAN

We realize that ALAMGIR WELFARE TRUST INTERNATIONAL is a part of this society and it is our responsibility to participate in every move, helpful for the uplift of the society. This internship placement plan is one of the many gestures the trust has showed to educate the society as whole.

Paste your Photograph here 3x4 cm

SECTION 1: INTERNEE ACADEMIC/FIELD INFORMATION												
Trainee/Intern Name								E-mail	E-mail Address			
Current Field of Study or Profession If Professional, Number								ber of Yea	er of Years Experience in Field			
Type of Degree or Certificate Stu					Student Semester & Year			Prog	Progression:			
								Last	Semest	er GPA: CGF	PA:	
Name of Institution / Organization (In Full)								Cam	Campus			
Purpose of Internship/Volunteership												
SECTION 2: PERSONAL INFORMATION												
Father's Name					Father's Occupation				CNIC No.			
Addre	SS							L		Contact No.		
Date of Birth Religion					Nationality					Mother Tongue		
Area of Interest/Area of Experties							Hobbies	bies				
Any idea/experience about social welfare activities?												
Yes No If so, write two lines												
Describe in two lines your opinion/thoughts about Social Welfare Organization.												
SECTION 3: CONTRACT AGREEMENT												
Trainee/Intern - I certify the following:												
■ I hereby acknowledge that I have reviewed, understand, and will follow this Training/Internship Placement Plan (T/IPP)												
 I understand that any attempt to falsify, conceal, or cover up by any trick, scheme, or device a material fact by making any materially false, fictitious, or fraudulent statement or representation; or making or using any false writing or document, knowing the same to contain any materially false, fictitious, or fraudulent statement or entry is despised and will lead to disqualification. 												
■ I fully understand that this service is a part of social responsibilty and AWT reserves every right to publicise it fully or partially with disclosed identities.												
Signature of Trainee/Intern Date (mm-								n-dd-yyyy,	dd-yyyy)			
Encl Check List:												
	Photograph	Сору о	f CNIC	Copy of Stud	ent I.D Card	Re	esume	Rec	ommen	dation Letter from your	institution	
Placement: For office use only												
	Accounts	Institut	e	Malbosat	Dig	gital Market	ing	Hos	pital	Book Ban	k	
	Ration	Ahraam	n Store	Education		arriage Assis	stance	Rota	ation	Content \	Writing	