

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.

| SECTION 1: INTERNEE ACADEMIC/FIELD INFORMATION | | | |
|---|--------------------------|--|--------------------------|
| Trainee/Intern Name [] [] [] | | | E-mail Address |
| Current Field of Study or Profession | | If Professional, Number of Years Experience in Field | |
| Type of Degree or Certificate | Student Semester & Year | Progression: Last Semester GPA: CGPA: | |
| Name of Institution / Organization (In Full) | | | Campus |
| Purpose of Internship/Volunteership | | | |
| SECTION 2: PERSONAL INFORMATION | | | |
| Father's Name | | Father's Occupation | CNIC No. |
| Address | | | Contact No. |
| Date of Birth | Religion | Nationality | Mother Tongue |
| Area of Interest/Area of Experties | | Hobbies | |
| Any idea/experience about social welfare activities? <input type="checkbox"/> Yes <input type="checkbox"/> 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: | | | |
| <ul style="list-style-type: none"> ■ 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 responsibility and AWT reserves every right to publicise it fully or partially with disclosed identities. | | | |
| Signature of Trainee/Intern _____ | | Date (mm-dd-yyyy) _____ | |
| Encl Check List: | | | |
| Photograph | <input type="checkbox"/> | Copy of CNIC | <input type="checkbox"/> |
| Copy of Student I.D Card | <input type="checkbox"/> | Resume | <input type="checkbox"/> |
| Recommendation Letter from your institution | <input type="checkbox"/> | | |