

DOW INSTITUTE OF MEDICAL TECHNOLOGY

INTERNSHIP SECTION



NAME _____ DEPARTMENT _____

CONTACT NO _____ INCLUSIVE DATE _____

EVALUATOR: _____ DURATION IN MONTHS: _____

ROTATION COMPLETED _____, _____ TOTAL SCORE (MAXIMUM 100)

DOCUMENTS:

Signature of _____ Date _____ Signature of _____
Professor / Incharge Internee

APPLICATION FORM FOR THE ISSUANCE OF INTERNSHIP CERTIFICATE

Merit No. _____

Date: _____

To

The Director,
Institute of Medical Technology,
Dow University of Health Sciences,
Karachi.

Respected Sir,

I have completed my internship as per office order No. _____ Dated _____
kindly issue me the Internship Certificate.

My Particulars are Given Below

Name of Internee _____ S/o, D/o. _____

Address with Phone No. _____

Worked in the Deptt. / Unit _____

Period from _____ Graduated _____

Enclosures to be attached:

- A) Latest Photograph. B) No. Demand Certificate. C) Log Book.
D) Original Paid Voucher of Internship Certificate Fee.

Signature of interne

FOR OFFICE USE ONLY

Worked in Department:	
Issue Certificate No.	
Period From :	
To :	

Recommended for the Issue of Internship Certificate for the period mentioned above.

Remarks of the Major Unit Chief : _____

Signature of Unit Chief with Stamp