# Office of Research, Innovation and Commercialization (ORIC)

University of Karachi

# INTERNSHIP REGISTRATION FORM

Intra University Internship Program 2026-27

**INSTRUCTIONS: Please write in BLOCK LETTERS. All fields are mandatory.**

## SECTION A - INTERNEE DETAILS

**Name of Internee** _____

**Father's Name** _____

**Department / Institute** _____

**Roll / Enrollment No.** _____ **Contact No.** _____

**Email ID** _____

## SECTION B - INTERNSHIP DETAILS

**Program Title** Intra University Internship Program 2026-27

**Internship Period** **From** DD / MM / YYYY **To** DD / MM / YYYY

**Placement Department / Section** _____

## SECTION C - EVALUATOR / SUPERVISOR DETAILS

**Name of Evaluator** _____

**Designation of Evaluator** _____

**Department / Office** _____

**Email / Contact No.** _____

## DECLARATION & SIGNATURES

I hereby confirm that the information provided above is correct and complete. I agree to abide by the rules and regulations of the University of Karachi and the Internship Program, and to maintain confidentiality and professional conduct throughout the internship.

**APPLICANT SIGNATURE**

Date: _____

**EVALUATOR SIGNATURE**

Date: _____