|  |  |
| --- | --- |
|  | Application for Internship |

Personal information

Approval Format: Ref.- GNB/ BHO/ 2022/621

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Certificate’s name: |  | Place/Country of Birth: |  | Add a Photo |
| Mother’s Name: |  | Father’s Name: |  |
| Date of Birth: |  | Age (years): |  |
| National ID No. |  | Birth Reg. No. |  |
| Applicant Status | Graduate Exam  Graduate Certificate  On the Job | | | |
| Choice of Intern Duration | 3 months\*  6 months  Ready to Extend | | | |
| Preferred Area | Admin Affairs (Commerce Background)  Program Affairs | | | |

\***3** months internship offered only for university recommended candidates.

**Contact details**

|  |  |  |  |
| --- | --- | --- | --- |
| Present address |  | Permanent Address |  |
| Mobile phone |  | Email |  |

Academic Records(Start from the Latest)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Courses/Exams | Institution | Year(s) of Passing | Grade | Percentage of Graduate Level Marks in the Subject | Major Subjects |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

Experience of Voluntary Activities(Start from the Latest)

|  |  |  |
| --- | --- | --- |
| Organization Name | Duration | Name of the Activities |
|  |  |  |
|  |  |  |
|  |  |  |

Declaration (Please read carefully and sign your name)

I declare that the information that I have provided in this application form is, to the best of my knowledge and belief, correct and complete. I further declare that I will abide by rules and code of conduct during my service period. I also confirm you that directly or indirectly I never involved in any kind of sexual exploitation/abuse.

[Warning: if you include any details that you know to be false or if you withhold relevant information, you may render yourself liable to disqualification from the recruitment exercise or, if appointed, to dismissal]

|  |  |  |  |
| --- | --- | --- | --- |
| Your signature/name |  | Date |  |