

## PHARMACY INTERNSHIP FORM

<b>Name</b>		<b>Paste Photo Here</b>
<b>Father name</b>		
<b>Date of birth</b>		
<b>NIC #</b>		
<b>Telephone (Res)</b>		
<b>Mobile</b>		
<b>Email</b>		
<b>Residence Address</b>		

<b>Qualification</b>			
Institution	Degree	Major subjects	Year

<b>Concerned Department Use Only</b>			
<b>Department Name</b>		<b>Signature</b>	
<b>Date of Joining</b>		<b>Completion Date</b>	
<b>For HR &amp; Internship Coordinator Use Only</b>			
<b>Signature</b>		<b>Date</b>	
<b>Application accepted</b>	<input type="radio"/> Yes	<input type="radio"/> No	
<b>Comments (if any)</b>			

### Instructions:

- Attach one passport size photograph
- Attach one photocopy of National ID card (Students who are under 18 years are required to attach copy of National ID card of their parents)
- Internship request letter from institution (if applicable)
- Attach photocopies of all academic documents

## TERMS AND CONDITIONS FOR INTERNS

- I shall take care of my own belongings and valuables, MedPlus Hameed Latif Hospital & Arif Memorial Teaching Hospital shall not be responsible for any loss or damage.
- I shall indemnify any loss or damage caused by me to Pharmacy/ hospital property.
- I shall abide by the rules and regulations (if applicable) and disciplinary policies and procedure at Med Plus Pharmacy Hameed Latif Hospital& Arif Memorial Teaching Hospital
- I shall adhere to the timings that will apply during the internship.
- If I remain absent for more than two days consecutive days without informing my coordinator, my internship will be terminated.
- In case of any misconduct or in-disciplined behaviors, MedPlus reserves the right to terminate the internship at any time without assigning any reason thereof.
- Med Plus Pharmacy Hameed Latif Hospital & Arif Memorial Teaching Hospital shall not be held responsible for loss or damage caused to me by any natural causes.
- I shall not, during the continuance or after the termination of your internship, disclose any information obtained or acquired concerning the affairs of the Hospital & Pharmacy unless compelled to do so by a Court of law. If I disclose any such information, the Hospital reserves the right to take legal action against me.
- Certificate of internship will be given to those candidates who will complete their internship satisfactorily.
- No stipend will be paid to the interns

I, \_\_\_\_\_ hereby accept and agree to abide by the terms and conditions mentioned here in above.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_