

NATIONAL INSTITUTE OF LASERS AND OPTRONICS

INTERNSHIP FORM

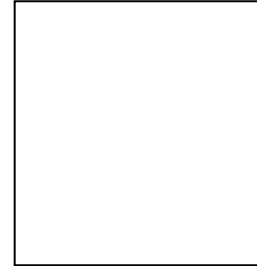
Name:.....

Father's name:.....

CNIC Number:.....

Address:.....

.....



Phone: E-mail:.....

Institute:

Department:

Semester:

Supervisor at parent department:.....

Proposed supervisor at NILOP:

Current CGPA/Grades:.....

Starting Date:.....

Degree	Year	Grades/ Marks	Institute
	From - To		
BS/BE/BSc			
FSc/A-level			
Matric/O-Level			

Research interests:

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Signature.....

Date:.....

Attach: (1) Copies of all certificates and mark sheets

(2) Copy of CNIC