

PRIVATIZATION COMM	MISSION I	NTERNSHIF	PROGR	AMME APP	LICATIO	ON FORM	
1. Sir Name:				Other Names:			
2. Sex:				3. Marital Status:			
4. Date of Birth Day/month/year	5. Place o	. Place of Birth:		Other information			
7. Permanent Address:			8. P	8. Present Address			
Telephone No.:				Telephone No.:			
E-mail Address:			E-ma	E-mail Address:			
9. In case of emergency, ple	ease notify	:					
Name:							
Address:							
Telephone No.:							
10. Languages							
		Read		Write		Speak	
Language	Easily	Not easily	Easily	Not easily	Easily	Not easily	
Other:							
(Please specify)							
11. Computer skills:	Yes [		]	No 🗆		<u> </u>	

12. Education (University	<i>y</i> )							
Institution (Name)	Fron	n/to	Degrees					
	Mo./Year	Mo./Year		Major Subjects of Study				
			Degree expected					
13. Employment: Please describe any previous practical experience you may have had, giving full details of your duties. Use an additional sheet if necessary.								
14. Career Plans: What a	re your future ca	areer plans?						
	-							
15 Od D1 (16	.•							
15. Other Relevant Inform								
c) Have you ever applied for regular employment before? Yes \( \square\) No \( \square\) If yes, please give dates and name of the place:								
ii yes, piease give	dates and name	of the place	·	<del></del>				
d) Have you ever been arrested, indicted, or summoned into Court as a defendant in a criminal proceeding, or convicted, fined or imprisoned for the violation of any law?								
Yes □ No □								
If was placed give full details in an attached statement								
If yes, please give full details in an attached statement.								
16. Internship Period:								
Please indicate your availability for Internship (periods of up to a maximum of three months)								
17. Preferred Work Assig	gnment:							
Please indicate three main areas in which you would like to be considered for an exposure.								
1.								
2. 3.								
18. Endorsement Instituti	ion							
(Submit original of endorsement letter with this application from University)								

19. References:						
Please list three persons not relat	red to you, who are familiar w	ith your character and				
qualifications:	ou to jou, 11110 1120 11111	Till your character and				
quantications.						
Full name and title	Address	Business or occupation				
		-				
20 I contify that the foregoing states		1-to and compat to the heat of my				
20. I certify that the foregoing staten	hents and answers are true, con	mplete and correct to the best of my				
knowledge and belief.						
Signature:	Date	e:				
This duly completed application form	a moust be naturned to Human	Dagaywaag				
Trus ашу сотриней аррисанов зогт	l Musi de reininea 10 mani 1	Resources.				
Applications should be received befo	re the proposed date of comm	encement of the requested				
internship.						
Late or incomplete applications will i	not be considered.					
Late of incomplete applications will not be considered.						