



Gilgit-Baltistan Rural Support Programme (GBRSP)

Application Form for the Student Internship Program (SIP)

Name of Candidate				Father's /Name			
CNIC No				Contact No			
District/Domicile				Tehsil			
Union Council				Postal Address			
Permanent Address				Any Disability			
ACADEMIC QUALIFICATION							
EDUCATION	Specialization (Major Study area's)	Duration		Passing Year	School/Institute /University	Division/ %age/CGPA	Status (R/P)
		From	To				
Matriculation							
Intermediate							
Bachelor's (02 Years)							
Master's /Hon's							
MS/M.Phil							
PhD							
I certify that the above-mentioned information is accurate to the best of my knowledge. However, the organization reserves the right to cancel my Candidature if it is found to be fraudulent or to contain false information.							
Signature of Applicant:				Date:			