



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
		From	To				(R/P)
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:			