|  |  |  |
| --- | --- | --- |
| **Date of arrival in Ward/Unit** | **/ / 20** | |
| **Ward/Unit/Department Name:** |  | |
| **Technology:** |  | |
| **Internee Full Name: -** |  | |
| **Father Name:-** |  | |
| **Diploma/BS** |  | |
| **CNIC No:-** |  | |
| **Institute Registration No-** |  | |
| **Personal Contact No.***(for any query)* |  | |
| Office Order Issue No\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Office order date\_\_\_\_\_\_\_\_\_\_\_\_\_\_ at S.No\_\_\_\_\_\_\_\_  Date of completion of internship from ward/Unit: \_\_\_\_/\_\_\_\_/20\_\_\_\_\_\_\_  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Signature of Internee** | | |
| **Instructions for internee:**   1. This arrival report must be reach to HR office for record purpose. 2. Office Order Copy. (must be attached) 3. Institute ID Card Copy (must be attached). | | |
| **TO BE FILLED BY INCHARGE OF THE UNIT:**  Signature with Stamp  Name with Designation:  Dated:  In-charge of Ward/Unit/Department | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_/\_\_\_\_\_/20\_\_\_\_ |
| **TO BE FILLED BY DIRECTOR NURSING AND PARAMEDICS:**  Signature with Stamp  Name with Designation:  Dated:  In-charge of Ward/Unit/Department | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_/\_\_\_\_\_/20\_\_\_\_ |
| **TO BE FILLED BY HR DEPARTMENT**  Signature with Stamp  Dated:  Manager HR/ Superintendent HR | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_/\_\_\_\_\_/20\_\_\_\_ |