|  |  |
| --- | --- |
| **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\_\_\_\_  |