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☎ +92-42-99230825

Date: _____

Ref. No.: _____

Internship Joining Report

Student's Profile

Name: _____ Roll No.: _____

Specialization: Finance Information Technology Marketing

Joining Date: _____ Expected Completion Date: _____

Duration: _____ Stipend (if Paid): _____

Student's Signature: _____

Organization Profile

Title: _____

Address: _____

City: _____ Zip Code: _____

PTCL Phone 1: _____ Phone 2: _____

Website: _____ Email: _____

On Site Supervisor

Name: _____ Designation: _____

Official Email: _____ Cell No.: _____

Supervisor's Signature: _____

IBIT Office Use Only

Phone Called: _____ Verified Yes NO

Receiver's Name: _____ Designation: _____

Faculty Coordinator's Signature: _____