Internship Application Form

Personal Information:

Full Name: _____

Date of Birth: _____ (DD/MM/YY)   Gender: _____

Nationality: _____   QID Number: _____

Email: _____   Cell Phone: _____

Employment/Sponsorship:

Are you employed? _____   Company Name: _____

Are you sponsored by any company? _____   Company Name: _____

University Students:

Name of University: _____

Major: _____

Expected Graduation Date: _____   GPA: _____

Is this Mandatory? _____   What year are you in? _____

University supervisor name & contact details: _____

Registration Information:

Internship period applied for:

- o   Q1 (January to March)
- o   Q2 (April to June)
- o   Q3 (July to September)
- o   Q4 (October to December)

Desired Area (Relevant Department): _____

Note: due to the large number of applicants and limited numbers of seats available per year, applicants are strongly advised to note the following eligibility criteria. If all the requirements are not met your application will not be processed.

Kindly submit all required documents such as application, QID & university letter to internship@ashghal.gov.qa*.*