



12. Education (School,College/University)				
Institution Name, Place	Attended from/to		Degrees	Major Subjects of Study
	Mo./Year	Mo./Year		

13. Employment: Please describe any previous practical experience you may have had, giving full details of your duties.

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14. Career Plans:

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15. Other Relevant Information:

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## CONDITIONS GOVERNING THE BIO OIL FRUIT PAKISTAN (Pvt. LTD)

1. I accept the internship which has been awarded to me and I am aware of the following:
  - i) that the BOFP (Pvt LTD) will not pay me for my internship and that all the expenses connected with it must be borne by me;
  - ii) that the BOFP (Pvt LTD) accepts no responsibility for costs arising from accidents and/or illness incurred during my internship. The signature of this form is an undertaking that costs arising from accidents and/or illness incurred during internship are at my own expense;
  - iii) that I am not eligible for employment either during the period of my internship or for the two months immediately following the expiration date thereof.
  
2. I undertake the following obligations with respect to the Internship Program of BOFP (Pvt LTD):
  - i) to conduct myself at all times in a manner compatible with my responsibilities as the holder of a BOFP (Pvt LTD) Internship;
  - ii) to keep confidential any and all information made known to me by BOFP (Pvt LTD) the accepting Division during the course of my internship;
  - iii) to provide written notice in case of illness or other unavoidable circumstances which might prevent me from completing the internship;
  - iv) to complete the internship evaluation questionnaire at the end of my internship and to submit it to the personnel Section;
  - v) to return my grounds pass to the Personnel Section on the last day of the internship.

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Date

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Name of internee

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Signature

This form should be signed in duplicate. The original will be retained by Personnel Section while the copy shall be retained by the Intern.

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Approval Date

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CEO Approval/Rejection

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CEO Sign & Stamp