سفارت جمهوری اسلامی افغانستان
کولمبو - سریلانکا

EMBASSY *of* THE ISLAMIC REPUBLIC
of AFGHANISTAN
Colombo - Sri Lanka

د افغانستان اسلامي جمهوريت سفارت
کولمبو - سریلانکا

Internship Application Form

Student Details

Name: _____
First *Last*

Place of Birth: _____
City *Country*

Date of Birth: ____ / ____ / ____ Marital Status: _____

How many languages do you speak? Please specify: _____

Residential Address & Contact Details

Address: _____
Street address *Suburb* *State* *Postcode*

Contact: _____ Email: _____
Mobile no.

Education Details

Academic Record: Current studies	
University/College Name:	
Current Level of Study:	☐ Undergraduate ☐ Postgraduate ☐ Other
Current Year of Study:	☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5
Major Subjects:	
Minor Subjects:	
Expected graduation date:	

Briefly describe the field in which you want to undertake your internship in:

_____

_____

If your application is successful, when will you be able to start and for how long would you like to perform your internship duties at the embassy?

_____

_____

Declaration and Signature

I declare that all the information submitted with this application is complete and correct. I understand that my application and all supporting documents become the property of the Embassy of the Islamic Republic of Afghanistan and cannot be returned or distributed anywhere without my consent. I also understand and accept that withholding or providing false information will disqualify my application.

Signature: _____ Date: _____