

## SZABIST SHAHEED ZULFIKAR ALI BHUTTO INSTITUTE OF SCIENCE AND TECHNOLOGY Hyderabad Campus Phone: 022-2102702-4 Fax: 0222102703

## INTERNSHIP WAIVER FORM

Name	Reg. No			
Program	Semester/Year:			
Res. Phone No:				
Email:				
Work Experience (Should be dur	ing the Degree Period)			
Time Period :	From:		To:	
Name of Organization:	ķ.			
Designation:				
Name of HR Manager /Superviso	ľ:			
Office Address:				
		Fax:		
Office Email:				
Signature			Date	
Signature			Dute	
For Office Use Only (do not wr	ite below this line)			
Acceptable/Not Acceptable:				
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Program Manager			Head of Campus	
Signature & Date			Signature & Date	
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Record Officer				
Signature & Date				
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Mandatory: Copy of Experience Certificate should be attached