

Ministry Of Labour and Human Resources

Department of Employment

University Graduate Internship Program Application Form

Registration No:

Full Name:		Gender: Male: Female:
Citizen Identity Card No:		
Date of Birth:		
Contact No:		
Email Id:		
Permanent Address:		
Village:		Present Address:
Gewog:		Name of Guardian:
Dzongkhag:		Guardians Contact No:
		Address:
Previous Work Experience: if any,		Field of Experience:
Name of organization:		Duration:
Qualification:		Year of Completion:
Field of Study:		Name of College:
Documents Required:		
<ol style="list-style-type: none"> 1. Degree Certificate/ Academic transcripts of all the semesters 2. Saving Account copy 3. Copy of CID 		
Name of Organization:		Particular Location:
Field Attached: (Department/Division/Section):		
Date of Commencement from.....to		
Duration:		Office Contact No:
I hereby certify that the information given herein is true and complete to the best of my knowledge. In the event of detection of false or misleading information, I understand that the Department shall reject or cancel my application.		
Date of Registration:Job seeker No:.....Signature of Applicant		