Al-Khawarizmi Institute of Computer Science
University of Engineering and Technology, Lahore

INTERNSHIP EXTENSION FORM

(To be Submitted by the Concerned Lab Manger to the HR after Approval)

Intern's Information:

Name:_____ Lab:_____ DOJ:_____

Project:_____

Degree:_____ University:_____ ☐ Student ☐ Graduate

Extension Required: ☐ Three Months ☐ Six Months ☐ Other _____
Current Salary:_____ Revised Salary if:_____

Tasks Performed During Last Internship Period:

-
-
-
-
-

Tasks to be Performed in the Extension Period:

-
-
-
-

Team Lead: _____Signature_____Date_____

Lab Manager:_____Signature_____Date_____

Asst. Manager HR:_____Signature_____Date_____

Asst. Manager Accounts :_____Signature_____Date_____

Budget Head:_____

APPROVAL BY DIRECTOR KICS:

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Approved   Not Approved

Signature:_____ Date:_____