



Medicare Cardiac & General Hospital

Observership / Internship Application Form



1 Personal Information

Full Name:

Email Address:

Phone Number:

Current Address:

City, State, Zip:

2 Education Details

Current Institution/ University:

Degree/ Major:

Current Year/ Semester:

Expected Graduation Date:

3 Internship Preferences

Desired Department:

Desired Role:

Start Date:

End Date:

Hours Per Day:

Preferred Working Arrangement:

☐ In-Person

☐ Remote

☐ Hybrid

4 Professional & Technical Skills

List 3-5 core skills relevant to the internship (e.g., Python, Graphic Design, Data Analysis, Marketing):

5 Short Answer Questions

Why are you interested in interning with our organization?



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What are your primary career goals, and how will this internship help you achieve them?

6 Attachments Checklist

Please submit the following documents along with your completed application form:

Updated Resume

Cover Letter

Letter of Recommendation

7 Disclaimer & Signature

I certify that the information provided in this application is true and completed. I understand that any false or misleading information may result in my disqualification from the internship program.

Applicant Signature:

Date:

Instructions:

Interested candidates should submit their application form at hr.hiring@jmc.edu.pk or submit physically to HR Department.

FOR OFFICE USE ONLY

Respective Department Authorization & Signature

Date

Medical Director Authorization & Signature

Date

CC:

HR Department