

## INTERNS' TRAINING PROGRAM

Kindly accomplish this form by supplying the information required below. Remember that the information you will reflect will form part of your records throughout your Internship which will be handled in strict confidence. Make sure to follow instructions.

**NAME IN ENGLISH:** \_\_\_\_\_

[Write your **complete name** (first, second & third) as spelled in your passport and other official documents.]

**NAME IN ARABIC:** \_\_\_\_\_

**COMPLETE ADDRESS WHERE YOU MAY BE CONTACTED DURING YOUR INTERNSHIP:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**TELEPHONE NUMBER WHERE YOU MAY BE CONTACTED DURING YOUR INTERNSHIP:**

**Home:** \_\_\_\_\_

\_\_\_\_\_

**Others:** \_\_\_\_\_

\_\_\_\_\_

(please specify)

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(please specify)