



For Office use only
ID No:
Date:
Center:

Internship/Volunteering Form

Please write the following information:

Personal Information

Applicant's Name:

Father's Name:

Mother's Name:

Permanent Address:

City: Zip: State:

Current Address:

E-Mail Address: Phone no:

Date of Birth: Age:

Education

Highest Degree Achieved:

Enrolling Degree:

Name of School/college/Institution:

Major: Minor:

Areas of Interest

In order of preference please mention in which Department you would like to complete your internship.

- Theoretical: Patient’s history collection, data collection and analysis.
- Practical: Practical experiences earn by the working with Doctors, Nurses or Dialysis Technician.

I certify that all information submitted by me in this application is true and complete, and I understand that if any information, omissions and/or miss-presentation discovered my application may be rejected and if I am an intern/volunteer at ISKF my internship/service may be terminated at any time. In consideration of my internship/volunteering I agree to confirm to ISKF rules and regulations.

Signature of the applicant:

Signature of the Medical Advisor:

Signature of ISKF Chief Nephrologists

Service Fee: \$100 or equivalent in Taka

Donation for Needy Patients _____ (Optional)

(Online payment through www.iskcc.org or by check to "Imdad-Sitara Khan Kidney Center")