



**Institute of Business Administration
Allama I.I. Kazi Campus, Jamshoro
University of Sindh**



Business/Community Internship Approval Form

Date: [Insert Date]

Intern Information:

- **Name:** [Insert Intern's Full Name]; **Student ID:** [Insert Student ID]
- **Degree Program:** [e.g., BBA/MBA]; **Year of Study:** [e.g., Part II or III]
- **Email Address:** [Insert Email Address]; **Phone Number:** [Insert Phone Number]

Internship Details:

- **Internship Organization:** [Insert Company Name]
- **Address/Internship Location:** [Insert Company/ Branch Location]
- **Internship Duration:** [Insert Start Date] to [Insert End Date]

Supervisor Information:

- **Internship Supervisor's Name and Designation:** [Insert Supervisor Name & Job title]
- **Supervisor's Contact Information:** [Insert Supervisor Email and/or Phone Number]

Student's Signature: -----

Supervisor's Signature: -----

Approved By:

**Director IBA
University of Sindh, Jamshoro**