**UNIVERSITY OF ENGINEERING & TECHNOLOGY, PESHAWAR**

**Department of Computer Science and Information Technology**

Tele: - (091) 9222276 Fax No: - (091) 9216663

**Form B (Internship Letter)**

Firm Name: Concerned person Name/Designation

Firm Address/Contact: -

Name: - Registration No: -

Name: - Registration No: -

Name: - Registration No: -

Remarks (if any):

**Students Sign Dated: \_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Note:-

1. Student concerned will be responsible for any misinformation provided in this form.

**(For Office Use Only)**

Diary/ Dispatch No:- Dated

Issued By: Issued Date: