



Allama Iqbal Open University, Islamabad
Faculty of Arabic and Islamic Studies
Department of Quran and Tafseer

The Internship Coordinator
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Block No, 12 Room 105,
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SUBJECT: REQUEST FOR ISSUANCE OF INTERNSHIP LETTER FOR STUDENTS OF B.S ISLAMIC STUDIES WITH SPECIALIZATION IN QURAN AND TAFSEER

Name of Student	
Father's Name	
Student I.D#	
Enrolment of 1st Semester of Bs Islamic Studies	
Name of Institution in which you intend to do Internship with the designation of Head	
In which semester you are studying now	
Internship Course Code	
Postal Address	
WhatsApp No. & Email. Address	

STUDENT DECLARATION

I hereby declare that the information provided above is true and correct to the best of my knowledge. I understand that any incorrect information may result in cancellation of my request.

Signature of the student: _____

Dated: _____

After filling out the form, please either send it to the email: drzafariqbal@aiou.edu.pk or post it to the given address. Thank you.

Postal address: **Dr. Zafar Iqbal**, Block No. 12 Room No. 105, AIOU-H-8 Islamabad, Pakistan