



SBBU INTERNSHIP POLICY

SHAHEED BENAZIR BHUTTO UNIVERSITY

Office of the Research Innovation and Commercialization (ORIC)

Shaheed Benazir Bhutto University, Shaheed Benazirabad

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Table of Contents

1. Purpose	03
2. Scope	03
3. Objectives	03
4. Internship Duration	03
5. Eligibility Criteria	03
6. Internship Process (Internship Procedure workflow/Diagram is at Annexure A,B,C & D)	03
7. Roles & Responsibilities	
8. Certification	
9. Code of Conduct	04
10. General Guidelines	05
ANNEXURE A:	06
ANNEXURE B:	07
ANNEXURE C:	08
ANNEXURE D:	09

SBBU INTERNSHIP POLICY

1. Purpose

The purpose of this Internship Policy is to provide a structured framework for student internships facilitated through ORIC, aiming to bridge academic learning with industry exposure. This policy promotes skill development, professional networking, and industry readiness among students of SBBU.

2. Scope

This policy applies to all undergraduate and postgraduate students across faculties at SBBU who intend to undertake internships through ORIC-coordinated programs.

3. Objectives

- To provide practical experience in a relevant professional setting.
 - To strengthen university-industry linkages.
 - To enhance students' employability and career development.
 - To ensure structured, fair, and consistent internship placement and monitoring.
-

4. Internship Duration

- Minimum Duration: **4 to 6 weeks**.
 - Maximum Duration: **3 months**, extendable with mutual consent of host organization and ORIC.
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5. Eligibility Criteria

- Must be an enrolled student of SBBU.
 - Should have completed at least **four semesters** for undergraduate programs or **one semester** for postgraduate programs.
 - Must have a **minimum CGPA of 2.5** (or department-specific requirement).
 - Must submit an application form and a valid CV to ORIC.
-

6. Internship Process (Internship Procedure workflow/Diagram is at Annexure A and B)

1. **Announcement:** ORIC will circulate available internship opportunities through official channels.

2. **Application:** Interested students must apply within the specified timeline.
 3. **Shortlisting & Interviews:** Host organizations may conduct interviews; ORIC may facilitate the process.
 4. **Placement:** Final list of selected interns will be shared by ORIC.
 5. **Monitoring:** Students must submit progress updates and comply with attendance.
 6. **Evaluation:** Students must submit an internship report and supervisor evaluation form at the end of the internship.
 7. A Non-Refundable Internship Fee of PKR 200 is required from all students. This fee must be submitted via challan.
-

7. Roles & Responsibilities

Students:

- Maintain professional conduct and university reputation.
- Follow the host organization's policies.
- Submit internship reports and complete documentation on time.

ORIC:

- Coordinate internship placements and liaise with host organizations.
- Maintain internship records.
- Monitor and evaluate students' internship performance.

Host Organizations:

- Provide mentorship and a safe working environment.
 - Share feedback through performance evaluation forms.
-

8. Certification

On successful completion, students will receive an **Internship Completion Certificate** from the host organization. ORIC may also issue a letter of endorsement, if required.

9. Code of Conduct

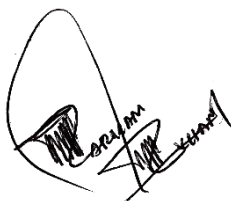
Interns are expected to:

- Uphold ethical behavior and confidentiality.
- Follow all rules and safety regulations of the host organization.
- Report any grievances to ORIC immediately.

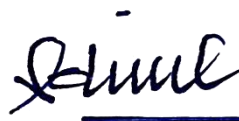
10. General Guidelines

- Internship is **non-remunerative** unless stated otherwise.
- Any misconduct during the internship may result in termination of placement and disciplinary action.
- All communication regarding internships must be routed through ORIC.

Approved by the Worthy Vice Chancellor & Applicable to ongoing & future research.



DR. ARMAN KHANZADA
Director ORIC



MR. MUSHTAQUE SOHAIL SOOMRO
Registrar



PROF. DR MADAD ALI SHAH
Vice Chancellor
Shaheed Benazir Bhutto University
Shaheed Benazirabad

ANNEXURE A :

Workflow Diagram of the Internship Form Procedure :

INTERNSHIP FORM PROCEDURE

Download Internship Form
from Website www.sbbusba.edu.pk or Scan QR Code



Fill Internship Form Completely



Get form signed and stamped by Head of Department



Attach copy of Student Identity Card



Pay the Challan Form



Submit Form, Student ID Card Copy,
and Bank Challan to ORIC Office



Collect Letter from ORIC Office next day,
within office hours



OFFICE OF RESEARCH INNOVATION AND COMMERCIALIZATION (ORIC)
SHAHEED BENAZIR BHUTTO UNIVERISTY,
SHAHEED BENAZIRABAD

ANNEXURE B:

INTERNSHIP APPLICATION FORM

PERSONAL INFORMATION

Student Name: _____ S/O, D/O _____
CNIC # _____ D.O. B _____ Gender _____
Email Address: _____ Ph# _____
Current Address: _____

ACADEMIC BACKGROUND

Department Name: _____
Degree program: _____ Batch: _____
Current CGPA: _____ Year: _____

INTERNSHIP PREFERENCES

Organization applying for: _____
Desired Start date: _____ Desired End Date: _____

Duration: ☐ 1-months ☐ 2-months

PERSONAL STATEMENT

Why do you want to join our company?

CONCENT & SIGNATURE

I certify that information provided in this application is true and complete to the best of my knowledge.

Applicant's Signature: _____ Date: _____

ANNEXURE C:



Shaheed Benazir Bhutto University, Shaheed Benazirabad
Knowledge – Commitment – Leadership
Office of Research Innovation and Commercialization (ORIC)

No: SBBU/ORIC/- 759

Date: 13-05-2025

TO WHOM IT MAY CONCERN

Dear Concerned:

I am writing this letter to recommend **Mr/Ms.**_____ Roll: Number: _____
Student _____ Department Microbiology Shaheed Benazir Bhutto University, Shaheed
Benzirabad. for internship at _____. He/She is an outstanding,
motivated and responsible student of our university with good academic record. We believe that, an
_____, will help his/her to become promising
professional in his field. Therefore, I request your kind approval in placing his/her as an internee at
_____.

Yours Sincerely

Dr. Arman Khan
Director ORIC,
Shaheed Benazir Bhutto University,
Shaheed Benazirabad
Email: director.oric@sbbusba.edu.pk

ANNEXURE D:



Shaheed Benazir Bhutto University,
Shaheed Benazirabad, Sindh, Pakistan
Knowledge - Commitment - Leadership

Particulars of the Student	
Student Name	
ID (attach Copy of ID card)	
Department	
Email ID	
Contact No.	
Student Pledge	I solemnly declare that the information provided is correct and I will be responsible for my conduct at organization or as deemed.
Date	Student Signature: <input type="text"/>
For Recommendation Letter <input type="checkbox"/>	
Title of Research/Study	
Summary /Purpose	
For Institute/ University/ Organization	
Department	
For Internship Letter <input type="checkbox"/>	
Name of the Organization	
Internship Period	From _____ To _____ Tick internship count: 1 st , 2 nd , 3 rd
Contact Person (if any)	Name: _____ Designation: _____ Cell# _____
For Character Certificate <input type="checkbox"/>	English Proficiency Certificate <input type="checkbox"/>
Note: The relevant department will issue these certificates.	
For (please select) Chairman / HoD/ Supervisor	
Date: _____	Signature & Stamp: _____
For ORIC	
Date: _____	Signature & Stamp: _____

Note: Please download challan form and attach a copy of paid challan along with this form.

Shaheed Benazir Bhutto University, Shaheed Benazirabad, Landhi Campus Sakrand Road, Nawabshah, Pakistan
67450Ph.92-244-9370525, Fax:+92-244-9370521, E-mail ar@sbbusba.edu.pk, Web : www.sbbusba.edu.pk

BANK CHALLAN		BANK CHALLAN		BANK CHALLAN		BANK CHALLAN	
Allied Bank		Allied Bank		Allied Bank		Allied Bank	
Br Code: 1456		Br Code: 1456		Br Code: 1456		Br Code: 1456	
Challan No. _____	Challan No. _____	Challan No. _____	Challan No. _____	Challan No. _____	Challan No. _____	Challan No. _____	Challan No. _____
Shaheed Benazir Bhutto University, Shaheed Benazirabad Please receive and credit to S.B.B.U. in A/c No:0010076021880150 Title: VC SBBU SBA Income (Collection) (Signature & Stamp of Sectional Head)		Shaheed Benazir Bhutto University, Shaheed Benazirabad Please receive and credit to S.B.B.U. in A/c No:0010076021880150 Title: VC SBBU SBA Income (Collection) (Signature & Stamp of Sectional Head)		Shaheed Benazir Bhutto University, Shaheed Benazirabad Please receive and credit to S.B.B.U. in A/c No:0010076021880150 Title: VC SBBU SBA Income (Collection) (Signature & Stamp of Sectional Head)		Shaheed Benazir Bhutto University, Shaheed Benazirabad Please receive and credit to S.B.B.U. in A/c No:0010076021880150 Title: VC SBBU SBA Income (Collection) (Signature & Stamp of Sectional Head)	
Date: _____	Date: _____	Date: _____	Date: _____	Date: _____	Date: _____	Date: _____	Date: _____
Student Name: _____	Student Name: _____	Student Name: _____	Student Name: _____	Student Name: _____	Student Name: _____	Student Name: _____	Student Name: _____
Father's Name: _____	Father's Name: _____	Father's Name: _____	Father's Name: _____	Father's Name: _____	Father's Name: _____	Father's Name: _____	Father's Name: _____
Roll No: _____	Roll No: _____	Roll No: _____	Roll No: _____	Roll No: _____	Roll No: _____	Roll No: _____	Roll No: _____
Cash/Cheque/PO/DD: _____	Cash/Cheque/PO/DD: _____	Cash/Cheque/PO/DD: _____	Cash/Cheque/PO/DD: _____	Cash/Cheque/PO/DD: _____	Cash/Cheque/PO/DD: _____	Cash/Cheque/PO/DD: _____	Cash/Cheque/PO/DD: _____
Bank _____ Br _____ Cheque _____	Bank _____ Br _____ Cheque _____	Bank _____ Br _____ Cheque _____	Bank _____ Br _____ Cheque _____	Bank _____ Br _____ Cheque _____	Bank _____ Br _____ Cheque _____	Bank _____ Br _____ Cheque _____	Bank _____ Br _____ Cheque _____
Details	Details	Details	Details	Details	Details	Details	Details
Amount (Pak Rs)	Amount (Pak Rs)	Amount (Pak Rs)	Amount (Pak Rs)	Amount (Pak Rs)	Amount (Pak Rs)	Amount (Pak Rs)	Amount (Pak Rs)
Academic Certificate 200	Academic Certificate 200	Academic Certificate 200	Academic Certificate 200	Academic Certificate 200	Academic Certificate 200	Academic Certificate 200	Academic Certificate 200
Total Amount Payable 200	Total Amount Payable 200	Total Amount Payable 200	Total Amount Payable 200	Total Amount Payable 200	Total Amount Payable 200	Total Amount Payable 200	Total Amount Payable 200
Not Refundable	Not Refundable	Not Refundable	Not Refundable	Not Refundable	Not Refundable	Not Refundable	Not Refundable
Amount in words:Two Hundred Only	Amount in words:Two Hundred Only	Amount in words:Two Hundred Only	Amount in words:Two Hundred Only	Amount in words:Two Hundred Only	Amount in words:Two Hundred Only	Amount in words:Two Hundred Only	Amount in words:Two Hundred Only
Authorized Sig: _____	Authorized Sig: _____	Authorized Sig: _____	Authorized Sig: _____	Authorized Sig: _____	Authorized Sig: _____	Authorized Sig: _____	Authorized Sig: _____
BANK COPY	ACCOUNTS COPY	OFFICE COPY	STUDENT COPY				
Depositor Name: _____	Depositor Name: _____	Depositor Name: _____	Depositor Name: _____				
CNIC: _____	CNIC: _____	CNIC: _____	CNIC: _____				
Mobile: _____	Mobile: _____	Mobile: _____	Mobile: _____				
Depositor Signature: _____	Depositor Signature: _____	Depositor Signature: _____	Depositor Signature: _____				
Note: Payable at any ABL Branch	Note: Payable at any ABL Branch	Note: Payable at any ABL Branch	Note: Payable at any ABL Branch				