

**INTERNSHIP BS NURSING 2024**

The Khyber Medical University, Institute of Nursing Sciences announces limited (left over) seats of the internship. The internship will be offered to BS Nursing students of KMU and other students of KPK as follows purely on merit basis:


- BS Nursing graduates who have pass out from any institute of KPK (Public / Private)
- BS Nursing graduates who have their **FINAL TRASCRIPT ONLY**
- Selection of Private students will be purely on merit basis

**SCHEDULE FOR INTERNSHIP PROCESS:**

1.	Admissions Forms will be available from	31.05.2024
2.	Last date for submission of Inernship Admission Forms	05.06.2024
3.	Scrutiny of Internship Forms	07.06.2024
4.	Display of Final Merit List	10.06.2024
5.	Interviews for placement in KTH and HMC	11.06.2024

**Internship Form Submission:**

- All the students are directed to submit their forms in both hard and soft form.
- In hard form to the office of Director, KMU-INS, Main Campus, Khyber Medical University, Peshawar.
- In soft form to the given link; <https://forms.gle/DT4GM3joWxqmWNTe6>

  
**DIRECTOR**  
Institute of Nursing Sciences,  
Khyber Medical University

**KHYBER MEDICAL UNIVERSITY, PESHAWAR**

**APPLICATION FORM FOR NURSING INTERNSHIP PLACEMENT FOR 2024  
IN KTH, HMC PESHAWAR**

Name \_\_\_\_\_

Father Name \_\_\_\_\_

Present Address \_\_\_\_\_  
\_\_\_\_\_

Permanent Address \_\_\_\_\_  
\_\_\_\_\_

Cell No. \_\_\_\_\_ Emergency Cell No. \_\_\_\_\_

CNIC No. \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Name of College/Institute \_\_\_\_\_

Session \_\_\_\_\_ CGPA \_\_\_\_\_

Please give your priority of hospital to join: (HMC / KTH) 1<sup>st</sup> \_\_\_\_\_ 2<sup>nd</sup> \_\_\_\_\_

*Please attach the following documents with this form:*

1. Final Transcript
2. Undertaking (*Specimen attached*).

I solemnly declare that

- a) The abovementioned information is correct to best of my knowledge and belief.
- b) That I have read the KMU and internship rules / regulations and I am agreeing to abide by it.

*Note: Please bring the original Certificates with you at the time of interview.*

Date: \_\_\_\_\_

\_\_\_\_\_  
Signature of Candidate



## UNDERTAKING/AGREEMENT

(To be filled by the candidate on Judicial Bond of Rs. 50/- or above and duly attested by the Oath Commissioner/  
Political Agent/ First Class Magistrate).

1. Mr. /Miss \_\_\_\_\_ son/daughter of \_\_\_\_\_ resident of \_\_\_\_\_

\_\_\_\_\_ do hereby solemnly undertake to abide by the following:-

- i) That I have read the rules / regulations for Nursing Internship and hereby agree to conform to all provisions of the statutes of the KMU Institute and statutes and rules as may hereafter be framed by the appropriate authorities.
- ii) That the information furnished in, and document attached with the application form are correct, and I fully understand that at any time during the period of Internship, if it is found that any information is incorrect or any documents produced at the time of application / interview are false, which would have rendered me ineligible for Internship under the rules, I shall immediately be terminated from the nursing internship.
- iii) That I shall, in case my internship is terminated, shall not be entitled to claim the stipend and arrears (if any). In addition I shall pay to the concerned hospital as liquidated damages at the rate of Rs. 10,000 (ten thousands) per month of my internship period served in the hospital.
- iv) That I shall have regularly attend my duties and shall observe duty timings, I shall wear Institute proper uniform.
- v) I shall perform my internship duties as per duty Rota issued by the administration. I am abide with to perform duties in morning, evening or night shifts as per duty Rota and I shall not generally ask for changing my duty timings.
- vi) I shall diligently apply myself to acquire and develop the skill necessary for the practice and advancement of my study in order to qualify licensure examination.
- vii) Further, I do hereby solemnly undertake that I shall not engage myself in any other job during the period of my internship.
- viii) I shall refrain myself from the following:
  - a) Doing anything which may cause injury or insult to head, officers and other staff of hospital/institution.
  - b) Holding a gathering meeting or taking out procession in any part of the building.
  - c) Allowing or abetting the entry to the premises of the hospital, anti-social elements or other whose presence in the hospital/institute could cause conflict amongst the staff members.
  - d) Bringing into the hospital/institution, consuming or encouraging consumption of alcoholic products, drugs and narcotics and indulging in acts of moral turpitude.
  - e) Bringing or keeping any type of weapons within the hospital/Institute premises.
  - f) Using or occupying any room or part of any building of the hospital/Institution without lawful authority.
  - g) Damaging any Hospital/Institute property including building, equipment vehicles etc. in any manner.
  - h) Indulging in any violent or any other unsuitable activities even outside the hospital/Institute which may bring bad name to the hospital/Institute.
  - i) From all such acts and deeds as might bring disgrace and bad name to the hospital/Institute.
- ix) In case I am reported to be guilty/involved in any of the aforesaid activities during my internship period in the hospital / medical Institute, the authorities can terminate me from the hospital / Institute permanently I will not try to create law and orders situation or instigate the staff of the hospital/Institute or of any other institution against the action taken by the administration and neither I will go to any Court of Law. In case of my termination from hospital / Institute I shall pay to the Hospital/institute as liquidated damages at the rate of Rs. 10,000 (ten thousands) per month of my internship period served in the hospital / Institute.
- x) If it is reported that I have not honored the decision of the hospital / Institute authorities as described above, I shall be liable to pay Rs. 200,000/- (two Lac) in the hospital / Institute as damages.
- xi) In case there is any dispute between me on one hand and the administration of the hospital / Institute on the other hand regarding my involvement in a disciplinary matter or regarding the imposition of any penalty or damages on me, the matter shall be referred to the Administration, as the sole arbitrator and its decision in such capacity shall be final and shall not be challenged in any court of law.
- xii) That I will abide by the decision of the hospital/Institute Authorities in case I am found guilty of undisciplined, defamation, disrespect of the seniors, staff and other anti-institutional activities.

\_\_\_\_\_  
(Signature of the internee)

Dated \_\_\_\_\_

### DETAIL OF WITNESS (Father / Brother/ Guardian)

Full Name: \_\_\_\_\_

Father's Name: \_\_\_\_\_

N. I. C. \_\_\_\_\_

Permanent Address: \_\_\_\_\_

\_\_\_\_\_

Cell phone No. \_\_\_\_\_

Signature of witness: \_\_\_\_\_