

NATIONAL EMPLOYMENT AUTHORITY OFFICE

COUNTY					
SU	B-COUNTY	••••••			
DI	ECLARATION (OF INTERNSHIP VAC	ANCIES		
Name of Employer/Establishment					
Ad	ldress				
Te	l. No.				
En	nail				
Of	fice Location				
Nature of Work					
		INTERNSHIP RE	QUIREMM	ENTS DETAILS	
	Occupation	Qualifications/Area	No. of	Duration of internship	Expected
	Occupation	Qualifications/Area of Specialization	No. of Vacancies	Duration of internship	Expected Start Date
1	Occupation			Duration of internship	_
1 2	Occupation			Duration of internship	_
	Occupation			Duration of internship	_
	Occupation			Duration of internship	_
2	Occupation			Duration of internship	_
2 3 4	Occupation			Duration of internship	_