

**ABUBAKAR TAFAWA BALEWA UNIVERSITY**  
**INDUSTRIAL TRAINING COORD. UNIT**  
**P.M.B. 0248, BAUCHI**



**Fill this form and return to the director, I.T Unit, ATBU, Bauchi when you have secured a place and whenever you change places**

Name of Student:.....

Registration Number:..... Date:.....

Department:..... Student Telephone No.:.....

Name & Full Street Address of Organization in which you are placed.

.....  
.....  
.....

**Tel: No. (077-544242)**

# INDUSTRIAL TRAINING FUND

MIANGO ROAD, P.M.B. 2199, JOS



## STUDENT INDUSTRIAL WORK EXPERIENCE SCHEME END OF YEAR PROGRAM REPORT SHEET PART A

(To be completed by the Student)

1. (a) Name in full: .....
- (b) Registration/Matriculation Number: .....
- (c) Course of Study: ..... Year of Study: .....
- (d) Name of Institution: .....

2. (a) Name and Address of the Company Establishment of attachment:  
.....
- (b) Department/Section: .....
- (c) Period of Attachment. From: ..... To: .....
- Number of weeks: .....

3. Brief outline of experience of training provided: .....

.....

.....

.....

.....

.....

.....

4. (a) Where were you attached last? (if applicable): .....
- (b) Total Number of weeks engaged in industrial attachment: .....

Signature of Student: ..... Date: .....

**PART B (To be completed by the Employer)**

Do you agree with The student comments in item 3 in part A? Yes/No.

If No, please comment: .....

.....

6. Please assess the Students overall performance by ticking the appropriate box as provided.

VERY GOOD  GOOD  SATISFACTORY  POOR

7. Will you accept the Student in any future attachment? YES/NO

If No, please comment:

.....  
.....

8. Is your Company or Establishment in a position to offer this Student a job in future?

.....  
.....

9. Name of Reporting Officer: .....

Designation/Rank: .....

E-mail Address: ..... Phone No: .....

Signature/Stamp: ..... Date: .....

**N.B:** Forms duly completed by employers should be forwarded to/collected by the respective Institutions under seal.

**PART C** (To be completed by the Institution)

10. Indicate number of visits: .....

11. Give your assessment of the facilities provided by company during visit(s) by ticking  
STANDARD  ADEQUATE  RELEVANT  NOT RELEVANT

12. Give your impression of the Student's involvement in training: FULLY/PARTIALLY:

.....  
.....  
.....

13. Assessment of Student's Performance (Grading A, B, C or D has to be stated).

.....  
.....  
.....

Full Name of Supervisor: ..... Status .....

Department/Discipline: .....

.....

E-mail Address: ..... Phone No: .....

Signature/Stamp: ..... Date: .....

**N.B.** This form is to be returned to the ITF on completion by the respective Institution under seal.



# INDUSTRIAL TRAINING FUND

## STUDENTS COMMENCEMENT OF ATTACHMENT FORM (SCAF)

Institution: ..... ITF .....Area Office  
Name of Organization: ..... Phone Number of Organization: .....  
..... E-mail of Organization: .....

Location Address: .....

S/No.	Name of Student	Matric No:	Course of Study and Year/Level	Period of Attachment in Months	Date of Commencement	Date of Completion	Remarks

NOTE: This Form is to be Completed and send to the nearest ITF Area Office:

Date: .....  
Stamp and Signature of Employer: .....

**ABUBAKAR TAFAWA BALEWA UNIVERSITY**  
**INDUSTRIAL TRAINING COORD. UNIT**  
**P.M.B. 0248, BAUCHI**



1. SIWES Year:.....
2. Surname:.....
3. First Name:.....
4. Middle Name:.....
5. Other Name(s):.....
6. Matriculation Number:.....
7. Course of Study:.....
8. Year/Level of Study:.....
9. Session:.....
10. Sex:.....
11. Date of Birth:.....
12. Nationality:.....
13. ITF Are office where SPE 1 was submitted:.....
14. Student Address:.....
15. Student Bank Name:.....
16. Student Bank Address:.....
17. Student Account Number (Current/Saving) Indicate:.....
18. Student e-mail Address:.....
19. Student bank Sort Code:.....
20. Student G.S.M. Number:.....
21. Has Student Secured SIWES Placement? Yes/No:.....
22. Placement State:.....
23. Employer Address:.....
24. Employer e-mail Address:.....
25. Employer Telephone/GSM:.....

**NOTE:** Please Return The Completed Form To The Industrial Training Coordinating Unit immediately