

INDUSTRIAL TRAINING FUND
STUDENTS COMMENCEMENT ATTACHMENT FORM (SCAF)

From (Name of Org.) :

To: ITFArea Office

Address:

S/n	Name of student	Name of Institution	Matric. No.	Course of study and year/level	Period of attachment in months	Date of commencement	Date of completion	Remarks

This form is to be completed and sent to the nearest ITF Area Office.

Stamp and Signature of Employer:.....

Date:.....