



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 Commencement	Remarks

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

Date.....

Stamp and Signature of Employer.....