

FIELD TRAINING REPORT

NAME:Hussein Shaban

REG NUMBER:bict661

PROGRAMME:bict

NAME OF THE HOST INSTITUTION:ttcl

ADDRESS:Tabora

INSTITUTION FIELD SUPERVISOR:

NAME:_____

SIGNATURE:_____

DATE:_____

Description	Date
maintanance	2022-07-01
aa	2022-07-01
practice	2022-07-04
maintanance	2022-07-04
design	2022-07-06
last	2022-07-05

Stamp and signature:_____