

Mount Kenya University



ATTACHMENT PLACEMENT FORM

INSTRUCTIONS

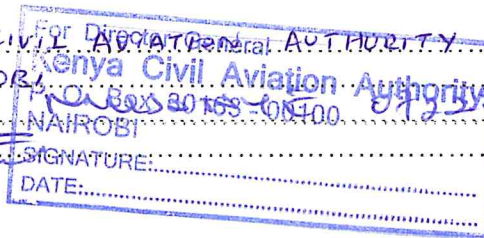
Complete this form and send or take it back to the Head of Department /Campus Coordinator in the second week of attachment to facilitate for assessment.

PART A

Name ALISHA WANJA RASHID Reg No. BBIT/2018/31883
 Mobile No. 0703277202
 Program BBIT Intake MAY 2018
 Department ENTERPRISE COMPUTING

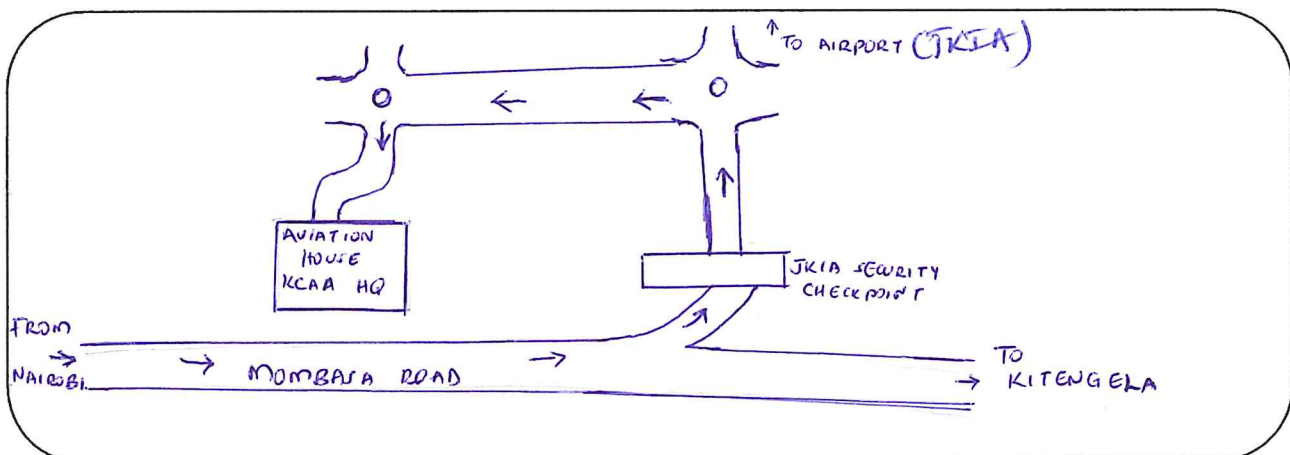
PART B

Name of Organization /institution KENYA CIVIL AVIATION AUTHORITY
 Address 30163 - 00100 NAIROBI
 Supervisor's Name and Phone No. FEWA NAIROBI 011-5530165-08400 07935499423
 Supervisor's Signature and Stamp [Signature]



PART C

- ✓ Indicate town. Street and nearest landmark
- ✓ Draw a sketch map of the organization /institution's location



I certify that the information given above is true

Student's Signature [Signature] Date 03/09/2021