JOMO KENYATTA UNIVERSITY OF AGRICULTURE AND
TECHNOLOGY

INSTITUTE OF COMPUTER SCIENCE AND INFORMATION TECHNOLOGY

Department of Information Technology

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FIELD ATTACHMENT RETURN FORM
(To be filled in duplicate)

Introductions: You are required to fill and submit this form within two weeks of your attachment commencement.

Name: **MWANDEJE E. MWAZONGA**   Reg. No. **BIT-001-0736/2013**

Attachment commencement Date: **13ᵗʰ January. 2016**

ATTACHMENT ORGANIZATION DETAILS

Name(s) **KRA**   Branch: **MOMBASA**
Address: **85745 MOMBASA**   Town: **MOMBASA**
Location (e.g. Hurlingham) **MOMBASA**
Street (e.g Jabavu)
Building: **CUSTOMS HOUSE**   Floor **2ⁿᵈ Floor**
Office Name/No/ID **ICT**
Telephone: **0412314044/5**   Email: **Callcentre@Kra.go.ke**

ATTACHMENT DETAILS

1. Area of attachment/Tasks/Duties Description (eg. PC Maintenance and Network, Administration):

    - PC Maintenance and Support

    - Network maintenance and Configuration.

2. Main tools and programs in use (e.g. Windows NT)

    - WINDOWS XP.

    - WINDOWS 7 AND WINDOWS 8.

3. Any other description:

    KRA BUSINESS APPLICATIONS e.g ITAX, SIMBA, CUSTOMS, ITMS etc.

This information is a complete description of where I am and what I do to the best of my knowledge:

Signature: _(signed)_   Date: **1ˢᵗ. Feb. 2016**