



BiT

Bahir Dar Institute of Technology - Bahir Dar University

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University Industry Linkage and Community Service Office
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ቁጥር/Ref.No.: UIL-CS/00ሐ/500/15

ቀን/Date: 27/07/2015 ዓ.ም

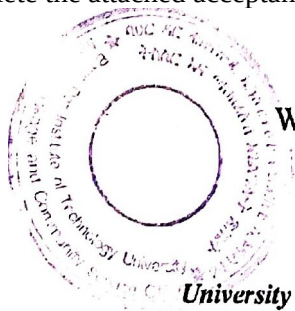
To:

Subject: Request for Internship Placement

Bahir Dar Institute of Technology Bahir Dar University implement mandatory internship program for period of two months for its **Computer Science, Information Technology** and **Information Systems** students. With this regard, on behalf of Bahir Dar Institute of Technology (BIT), we would like to acknowledge the cooperation and contribution of those industries who took part in the internship program.

BiT strongly believes that your support and sense of ownership will continue in our future mandatory qualified internship program, which links students with industries so that they practice and acquire technical and operational knowledge in various section of the organization. This year our third year students are required to be engaged in internship program with proper follow up and mentoring activities. The university industry linkage and community service (UIL-CS) office of the institute kindly request our organization to offer internship places for our third year **Information Technology** program student, Mr. **Nikodioms Jemaneh** who will do his/her internship for a period of **two months** starting from **July 13/ 2023 to September 13, 2023 G.C.**

Please complete the attached acceptance form for your confirmation to host the student in the specified period.



With kind regards,

Elias Mandefro

University Industry Linkage Coordinator

CC//

- Scientific Director Office
- University-Industry Linkage and Community Service Office

Bahir Dar Institute of Technology

In Reply, Please Quote Our Reference Number

- Contact Us: Tel: +251-588209271 Fax: +251-583-206780 PoB: 26 Web: www.bit.bdy.edu.et
- Email: bit.uilcoordinator@gmail.com

Bahir Dar, Ethiopia



Bahir Dar Institute of Technology
Bahir Dar University
Internship Acceptance Confirmation Form

To be filled by the Student

Name (student) **Nikodioms Jemaneh**

ID. No **BDU1308387**

Department/program **Information Technology**

Year/Sem **3rd year 2nd Semester**

Tel. **+251968600496**

email:

nikodimosjemaneh40@gmail.com

Student bank Account (Commercial bank) **1000391709053**

– Signature

To be filled by the Company

Company Name -----

Place/town-----

Contact person -----

Tel. ----- Fax. -----

On behalf of ----- (company name) we confirm
the acceptance of the above mentioned student as an Intern from -----to-----
for a total of-----months.

Company Approval

Please return the completed and signed form to the student and maintain a copy of it for your Company if necessary.

Name

Signature

Date

Company Seal