INDUSTRIAL TRAINING FUND

MIANGO ROAD, P.M.B. 2199, JOS



STUDENTS INDUSTRIAL WORK EXPERIENCE SCHEME END OF PROGRAM REPORT SHEET

PART A (To be completed by the Student)			
1. (a) Name in full:			
(b) Registration/Matriculation Number:		46.745	
(c) Course of Study:			
(d) Name of Institution:		Jangid "	
2. (a) Name and Address of the Company/Establishment of	attachment	nond (結婚) Dani	
TRAM		MA	
(b) Department/Section:		:::U(!:::::::::::::::::::::::::::::::::	(
(c) Period of Attachment. From	To:		
Number of weeks:		34632	
3. Brief outline of experience acquired:	1991 C Wee		
			24:00
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Charles oder \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	AND A THE STATE OF		
4. (a) Last place of attachment (if applicable):	3 44	State 1	
4. (a) Last place of attachment (if applicable).		***************************************	
(b) Duration of attachment (weeks):			
Signature of Student: 12	Date:	- 75 Jr 4	
PART B (To be completed by the Employer)			
Do you agree with The student's comments in item 3 in			
If No, please comment:	and the same of th	198. pH	

6	Please assess the Students overall performance by ticking the appropriate box as provided. VERY GOOD SATISFACTORY POOR
7	
F	Will you accept the Student in any future attachment? YES/NO if No, please comment:
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8.	Is your Company or Establishment in a position to offer this Student a job in future?
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	Name of Penorting Officer:
9.	Name of Reporting Officer:
	Designation/Rank:
	Designation/Rank:
	Phone No:
	Signature/Stamp: Date:
N.I	B: Forms duly completed by employers should be forwarded to/collected by the respective Institutions under seal.
PA	RT C (To be completed by the Institution)
	Indicate number of visits:
	Give your assessment of the facilities provided by company during visit(s) by ticking
	STANDARD ADEQUATE RELEVANT NOT RELEVANT
12.	Give your impression of the Student's involvement in training: FULLY/PARTIALLY:
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	Accessor And Accessor
40	
13.	Assessment of Student's Performance (Grading A, B, C or D has to be stated)
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	Full Name of Supervisor: Status
	Department/Discipline:
	E-mail Address: X. SA had at E. med at 200 Phone No:
	Signature/Stamp: Date:
I.B.	This form is to be returned to the ITF on completion by the respective Institution under seal.