

Academic Year

20 / 20



FORM B

**FACULTY OF COMPUTING
SABARAGAMUWA UNIVERSITY OF SRI LANKA**

INDUSTRIAL TRAINING – IS6101/ SE7101

REPORT TO DUTY VERIFICATION

STUDENT DETAILS

Full Name

**Student Registration
Number**

NIC Number

**Employee Number
(If available)**

INDUSTRIAL SUPERVISOR DETAILS

Title

Name with Initials

Designation

**Organization/
Company**

Official Address

Contact Number

Official Email

TRAINING PROGRAM DETAILS**Training Position****Date of Commencement****Training Duration**

(In weeks)

Student was briefed on the following.

- Scope of the training program and role of the trainee.
- Rules and regulations of the organization.
- Information security and privacy policy of the organization.
- Norms, morals and ethics to be followed.
- Facilities and benefits provided during the training period.

Briefly state the scope of the project assigned, role of the student and tasks assigned.**Additional Comments or Remarks:**

CONFIRMATION OF INDUSTRIAL SUPERVISOR

I hereby acknowledge that the student mentioned above has already reported to duty at the above-mentioned company/organization and he or she has sufficiently fulfilled the recruitment requirements of the company/organization.

Date

Signature
(Industrial supervisor)