

Academic Year

20 / 20



FORM A

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

INDUSTRIAL TRAINING – IS6101/ SE7101

INDUSTRIAL TRAINING PLACEMENT CONFIRMATION

STUDENT DETAILS

Full Name

Registration Number

NIC Number

Contact Number

E-Mail

Residential Address

(During training period)

NEXT-OF-KIN DETAILS

Full Name

Relationship

Permanent Address

Contact Number

ORGANIZATION/COMPANY DETAILS**Organization/ Company****Permanent Address****Contact Number**

EXTERNAL SUPERVISOR DETAILS**Name with Initials****Designation****Contact Number****Email**

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

(In weeks)

DECLARATION OF STUDENT

I hereby declare that the information provided by me in this document are true and correct. Also, I am aware of the fact that producing forged/falsified information is a punishable examination offence.

Date

Signature

CONFIRMATION OF INDUSTRIAL TRAINING COORDINATOR (For official use only)

I hereby acknowledge that the student mentioned above is qualified and approved to undertake industrial training at the above-mentioned company/organization. Furthermore, Faculty of Computing agrees to supervise the student during industrial training period.

Date

Signature
(Industrial Training Coordinator)