INDUSTRIAL TRAINING COORDINATING CENTRE

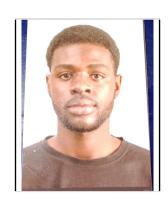
UNIVERSITY OF IBADAN, IBADAN



SESSION

2024/2025

LEVEL DURING TRAINING



SIWES JOB REPORTING FORM (IT-UI-014)

OTHER NAMES

Obaloluwa Stephen

COURSE OF STUDY

SURNAME

Adegbokun

MATRIC NO.

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DATE REPORTI	ED FOR TRAINING:	
NAME AND TIT	TLE OF IMMEDIATE SUPERVISOR:	
TEL. NO. OF SU	PERVISOR:	
EMAIL ADDRE	SS OF SUPERVISOR:	
EMAIL ADDRE	SS OF ORGANIZATION:	
ASSIGNED DEP	PARTMENT/UNIT IN ORGANIZATION:	
RESIDENCE AD	DDRESS DURING INDUSTRIAL TRAINI	NG:
NEXT OF KIN D	OURING INDUSTRIAL TRAINING	······
NAME:		
ADDRESS:		
TEL:		
MONTHLY ALI	LOWANCES (IF ANY):	
OTHER REMAR	RKS:	
STUDENT SUP	PERVISOR'S SIGNATURE	DATE AND OFFICIALSTAMP

THIS FORM SHOULD BE UPLOADED TO THE INDUSTRIAL TRAINING PORTAL WITHIN THE FIRST TWO WEEKS OF TRAINING. FAILURE TO UPLOAD IT IS REGARDED AS NON-PARTICIPATION IN THE PROGRAMME.