

Academic Year

20 / 20



**FORM A**

**DEPARTMENT OF COMPUTING AND INFORMATION SYSTEMS  
FACULTY OF APPLIED SCIENCES  
SABARAGAMUWA UNIVERSITY OF SRI LANKA**

**INDUSTRIAL TRAINING – IS 32842**

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**INDUSTRIAL TRAINING PLACEMENT CONFIRMATION**

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**TRAINEE DETAILS**

**Full Name**

**Registration Number**

**NIC Number**

**Contact Number**

**E-Mail**

**Residential Address**

(During training period)

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**NEXT-OF-KIN DETAILS**

**Full Name**

**Relationship**

**Permanent Address**

**Contact Number**

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**ORGANIZATION/COMPANY DETAILS**

**Organization/ Company**

**Permanent Address**

**Contact Number**

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**EXTERNAL SUPERVISOR DETAILS**

**Name with Initials**

**Designation**

**Contact Number**

**Email**

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**TRAINING PROGRAM DETAILS**

**Training Position**

**Date of Commencement**


**Duration**  
(In weeks)

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**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/falsied information is a punishable examination offence.

Date



Signature

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**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, Department of Computing and Information Systems agrees to supervise the student during industrial training period.

Date



Signature  
(Industrial Training Coordinator)