



INDUSTRIAL TRAINING FUND

STUDENTS COMMENCEMENT OF ATTACHMENT FORM (SCAF)

ITF Area Office.....

Institution:.....

Name of Organization:.....
.....

Phone Number of Organization:.....
E-mail of Organization:.....

Location Address:.....

S/No.	Name of Student	Matric No:	Course of Study and Year/Level	Period of Attachment in Months	Date of Commencement	Date of Completion	Remarks

NOTE: This Form is to be Completed and sent to the nearest ITF Area Office

Date:.....

Stamp and Signature of Employer:.....