

INDUSTRIAL TRAINING COORDINATING CENTRE

UNIVERSITY OF IBADAN, IBADAN



Passport Size
photograph

SIWES JOB REPORTING FORM (IT-UI-014)

1. SURNAME:..... OTHER NAMES:.....
2. COURSE OF STUDY.....SESSION.....
3. MATRIC. NO.:.....LEVEL DURING TRAINING:.....TEL:.....
4. NAME OF COMPANY.....COMPANY TEL:.....
5. ADDRESS OF COMPANY.....
.....
6. DATE REPORTED FOR TRAINING:.....
7. NAME AND TITLE OF IMMEDIATE SUPERVISOR:.....
.....TEL. NO. OF SUPERVISOR.....
8. MAILING ADDRESS DURING INDUSTRIAL TRAINING:.....
.....
9. RESIDENCE ADDRESS DURING INDUSTRIAL TRAINING.....
.....
10. NEXT OF KIN DURING INDUSTRIAL TRAINING
NAME:.....
ADDRESS:.....
TEL:.....
11. MONTHLY ALLOWANCES (IF ANY):.....
12. OTHER REMARKS:.....
.....
.....

STUDENT SUPERVISOR'S SIGNATURE

DATE AND OFFICIAL STAMP

THIS FORM SHOULD BE RETURNED TO THE INDUSTRIAL TRAINING COORDINATING CENTRE WITHIN THE FIRST TWO WEEKS OF TRAINING. FAILURE TO RETURN IT IS REGARDED AS NON-PARTICIPATION IN THE PROGRAMME.