

Faculty of Management
Industrial Training Programme
Student and Training Details

Name of Student:

Student ID:

Telephone Number (Home/Mobile):

E-mail Address:

Name of Academic Programme:

Duration of training (start and end dates):

Company Name:

Address:

(Please attach company location map)

Principal Business Activities:

Organization Chart:

(Please attach organizational structure/chart as a separate sheet)

Department/Division Name:
(which student will be attached to)

Name of Supervisor:

Designation:

Telephone Number:

E-mail Address:
