**PARTICULARS OF STUDENTS**

NAME :

PROGRAMME OF STUDY :

LEVEL :

MATRIC NO :

CONTACT NO :

CATEGORY : REGULAR OR PART –TIME

**PARTICULARS OF ORGANISATION**

NAME OF INDUSTRY/ORGANISATION :

SECTION/ DEPARTMENT ATTACHED:

TOWN :

REGION :

SPECIFIC LOCATION :

**NOTE:**

Students are required to submit this form to their respective departments after securing placements for their attachment.