



OSUN STATE UNIVERSITY OSOGBO
STUDENTS' INDUSTRIAL WORK EXPERIENCE SCHEME (SIWES)

P.M.B 4494, OSOGBO, OSUN STATE, NIGERIA



UNIOSUN/SIWES/ASMD/FORM 005

SIWES ASSUMPTION OF DUTY FORM (To be completed in duplicate)

Name of Student:
(Surname first and in Block Letters)

*Student's GSM Tel. No.:

Year of Course & Department:

Signature of Student: Matric No.

Name of Employer (Company Name):

*Address of Employer:

Employer's Telephone Nos.

*Actual Location of Student on Training (Factory, Site, Office)

*Name of Industry-Based Supervisor

*Designation of Industry-Based Supervisor

*Industry-Based Supervisor's GSM Tel. No.

*Date student assume duty:

.....
Signature of Company's Training Officer

.....
COMPANY'S STAMP & DATE

FOR UNIOSUN SIWES COORDINATING OFFICIAL USE

Date form received: Action taken:

Name & Signature of receiving officer

N.B This form must be completed and forwarded to the SIWES Coordinating Unit by student concerned within **TWO WEEK** of his/her reporting for training. i.e. Not later than 17th April 2015. Official commencement date is 6th April 2015.

*Correct information is required to facilitate supervisory visits by a member of staff of Osun State University.

INDUSTRIAL TRAINING FUND
PAYMENT OF STUDENTS ALLOWANCES THROUGH THE EMPLOYER
(To be completed before money is deposited with Employer)

FORM SPE 1

From:

To: The Area Officer

Name of Organization:

ITF:

Location Address:

S/N	NAME OF STUDENT	MATRICULATION NO.	COURSE OF STUDY AND YEAR/LEVEL	NAME OF INSTITUTION	PERIOD OF ATTACHMENT IN MONTHS	DATE OF COMMENCEMENT	DATE OF COMPLETION	REMARK

This form is to be completed by the Employer and sent to ITF Area Office By hand. Date:

Stamp and Signature of Employer:.....

INDUSTRIAL TRAINING FUND

ITF FORM SIP-A

NAME OF INSTITUTION:

SIWES YEAR

(To be submitted in 4 Copies)

OUTSTANDING STUDENT'S ALLOWANCE TO BE PAID THROUGH INSTITUTION

(To Be Prepared By Area Office from Placement List)

S/N	NAME OF STUDENT	MATRICULATION NO.	COURSE OF STUDY AND YEAR/LEVEL	NO. IN PLACEMENT LIST	ORGANIZATION WHERE STUDENT WORKED	PERIOD OF ATTACHMENT IN MONTHS	AMOUNT OUTSTANDING	AMOUNT PAID	SIGNATURE OF STUDENT

Send To Institution After Completion

Total

Total Amount Received from ITF.....

Total Amount Disbursed

Balance (if any) to be refunded by Institution:

Stamp/Signature of Institution Coordinator:

