

	TECHNICAL UNIVERSITY OF MOMBASA		
	Document: Form	Ref No.: TUM/Form/RAA/045	
	Title: INDUSTRIAL PLACEMENT DETAILS		
	Department: REGISTRAR ACADEMIC AFFAIRS		
	Issue No. 1	Revision No. 1	Date: 10th March 2017

INSTRUCTIONS:

Kindly fill and send back the form to the Liaison Office immediately you are attached

STUDENT DETAILS:

Name: _____

Reg. No.: _____ Course Level: _____

Cell phone No.: _____

Faculty/School/Institute: _____

Period of attachment from: _____ to: _____

FIRM/INDUSTRY BUSINESS DETAILS:

Firm Name: _____

Name of contact person: _____

Designation of contact person: _____

Cell phone No.: _____

Address: _____ Town: _____

LOCATION:

Street/Road name: _____

Any landmark (e.g. tallest building): _____

Official use only:

Date	Effectuated in the system	Name of Officer	Signature
	Yes <input type="checkbox"/> No <input type="checkbox"/>		

