



# INDUSTRIAL TRAINING FUND

## STUDENTS COMMENCEMENT OF ATTACHMENT FORM

(SCAF)

Institution:.....

ITF.....Area Office

Name of Organization:.....

Phone Number of Organization:.....

E-mail of Organization:.....

Location Address:.....

S/No.	Name of Student	Matric No:	Course of Study and Year/Level	Period of Attachment in Months	Date of Commencement	Date of Completion	Remarks

NOTE: This Form is to be Completed and send to the nearest ITF Area Office

Date:.....

Stamp and Signature of Employer:.....