



MACHAKOS UNIVERSITY

Complete and send this form to: ilo@mksu.ac.ke

INDUSTRIAL ATTACHMENT FIRM DETAILS

1. STUDENT DETAILS

Students Name: Reg no:

Cell Phone No: Email Address:

Course: Level:

School: Department:

Period of attachment from: To :

Off days of the week :

2. FIRM DETAILS

Firms Name.....

P.O. Box Code: Town:

Email address:

Name of contact person (immediate supervisor)

Designation: Cell Phone No:

3. LOCATION

Street/Road/Lane.....

Any land mark:

4. Any other relevant information

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Signature: Date: