

BLI-3 INDUSTRIAL TRAINING COMMENCEMENT FORM

This form must be completed by student and verified by the Industrial Supervisor. The completed form should be returned to the Industrial Training Coordinator within **21** working days after reporting to the industrial training.



FAKULTI KOMPUTERAN DAN INFORMATIK
UMS – Kampus Antarabangsa Labuan
Aras 5, Bangunan Menara, Jalan Sungai Pagar
87000 W.P Labuan, Malaysia.
tel : (+6087-460445) fax : (+6087-465155) email : arizal@ums.edu.my

SECTION A

(To be filled by student)

Name of Student : _____
Matric Number : _____
Programme : _____

SECTION B

(To be filled by industrial supervisor)

I hereby certify that the above named student has registered for industrial training at our company/organisation on _____ (dd/mm/yyyy).

Company Information

Name of Company : _____

Address of Company : _____

Nature of Company Government Private Company Multinational Company Others

Type of Industry : Community & Social Work Agriculture
 Mining, Oil & Gas, Energy Hospitality & Tourism
 Construction & building services Financial Activities
 Household & Personal Services Government
 Consultancy & Business Services Education
 Health Services & Healthcare Wholesale & Retail
 Information & Communication Manufacturing
 Sport & Leisure Others _____
 Transportation & utilities

Industrial Supervisor's Signature

Name :

Position :

Date :

Official Organisation Stamp