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FACULTY OF BUSINESS MANAGEMENT

OBS 200 & 300 (Field Work)

PRACTICAL TRAINING REPORT

Academic year

ORGANIZATION:

Name of Student:

Reg. No:

Duration of Practical:

Supervisors:

Internal (Senior Organization Staff).....

External (FBM Academic Staff):

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FORM NO.2

Organization:

CERTIFICATE

This is to certify that

Name

Reg.No:

Option

Has successfully completed Practical Training at our Organization, the Training taken place between (insert the supervision of :

Name

Signature

Date

Official stamp

FORM NO. 1

Organization:

Reg. No.has reported training at our organization

.....on this dayof

2009. He/She will be supervised byof

For the duration of the practical.

Thank you.

Name signature

Date Official stamp (if any)