

INDUSTRIAL TRAINING

DAILY/ WEEKLY REPORT

COMPANY/ORGANISATION:

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PREPARED BY

NAME :

MATRIC NO :

COURSE NAME :

COURSE CODE :

COMPANY SUPERVISOR :

WEEKLY REPORT: WEEK 1

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| --- | --- | --- |
| **Date** | **Activity** | **Remarks** |
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Verify by Company Supervisor,

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Name :

Position :

Date :