



**UNIVERSITY OF MEDICAL SCIENCES, ONDO, ONDO STATE**

**OFFICE OF THE VICE CHANCELLOR**

**INDUSTRIAL TRAINING UNIT**

**Vice Chancellor: Prof. Adesegun Fatusi**

BSc. (Ife), M.B. Ch.B (Ife), MPH (Hadassah), Ph.D (Ib), FWACP

**Coordinator: Dr. Jacob Olalekan Arawande** *mcsn, anist, msan, mnifst*

ND (Ado), HND (Ado), PGD (Akure), B.Sc. (Akungba Akoko), M. Tech. (Akure), Ph.D (Akure)

**P. M. B. 536, Ondo**

**Ondo State, Nigeria**

website:<http://www.unimed.edu.ng>

UNIMED/SIWES/ITU/EXTLT/OO1

Date: 3rd March, 2022

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Dear Sir,

**REQUEST FOR INDUSTRIAL TRAINING PLACEMENT OF UNIMED STUDENTS IN YOUR COMPANY/ ESTABLISHMENT.**

I write to humbly request for Industrial Training Placement for Mr/Miss ..... with Matric Number..... in the Department of ..... of this University. He/She is in ..... year of his/her course of study in the University.

He/she has expressed willingness to have his/her Industrial Training in your establishment for a duration of three months from ..... to ..... We believe that your establishment can provide the required exposure and skills needed by the student.

Students' Industrial Work Experience Scheme (SIWES) is a continuation of the students` studies and not the usual long vacation employment offered to undergraduates by companies/establishments. The Industrial Training Fund (ITF) shall be responsible for the payment of the students` monthly stipend. However, we shall appreciate any financial assistance from your company/establishment for the student`s upkeep.

The attaché shall be jointly supervised by the members of staff of your establishment, Industrial Training Fund (ITF) and University of Medical Sciences, Ondo.

Thanks in advance for contributing to the nation`s manpower development programme.

Yours faithfully,

Dr. J.O. Arawande

**UNIMED SIWES Coordinator**



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**STUDENTS' INDUSTRIAL WORK EXPERIENCE SCHEME (SIWES)  
SIWES YEAR 2022**

**LETTER OF ACCEPTANCE BY THE ORGANISATION/ESTABLISHMENT**

The employer is kindly requested to fill this form on acceptance of our student(s) for SIWES in their organization. Thank you Sir

**(TO BE COMPLETED BY THE EMPLOYER)**

1. Name of Student.....
2. Course of Study/Programme.....
3. Nature of Work Experience Available (please give in brief description).....
4. Period of Industrial attachment.....
5. Full name of the Industrial based Supervisor/Training Officer.....  
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Signature.....

Date.....

Company`s full address

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 .....  
 .....  
 .....  
 .....

Company`s Stamp

Telephone number(s).....