WORK, LEARN AND EXCEL

SES CERTIFICATION FORM (SCF)

I, _____ certify that I was posted to

Surname **first name** **middle name**

Name of the Organization/Unit/Department/Faculty and Address in full:

_____

_____

_____

_____

_____

_____

For one SES year or _____ (indicate the number of months if less than one year) SES placement..

SES Number_____

Most recent Position _____

SES Year_____

Batch_____

University Email Address_____

Alternative Email_____

Mobile Phone Number_____

Whatsapp Phone Number_____