Training Attendance Record

Training Topic: **Venue:**

Month/Year: **Time:**

Date: **No Of Participants:**

No.	Name	Clock No.	Position	Department	Signature
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					

Trainer Name: Signature: _____.