

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: _____.