

Annexure-I

Individual Training Record

<p>Company Logo Here XX PHARMACEUTICALS LIMITED 117 Adams Street, Brooklyn, NY 11201, USA</p>
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Individual Training Record

Name : ----- Employee Code No.:-----

Designation : ----- Department :-----

Date of Joining : ----- Date of Training :-----

Title of Training :-----

Comments of Trainee :-----

Comments of Trainer :-----

Signature of Trainee

Signature of Trainer

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