Annexure- I

Individual Training Record

Company Logo Here

XX PHARMACEUTICALS LIMITED

117 Adams Street, Brooklyn, NY 11201, USA

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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