Annexure- IV

Employee Training Card

Company Logo Here

XX PHARMACEUTICALS LIMITED

117 Adams Street, Brooklyn, NY 11201, USA

Employee Training Card

NAME : **EMPLOYEE CODE:** **DATE OF JOINING:**

DEPARTMENT : **DESIGNATION:**

Sl. No.	Date of Training	Topic	Mode of training	Mode of Evaluation	Sign of Employee	Remarks by Trainer	Name & Sign of Trainer	Sign of Dept. Head
			Written / Oral	Written / Oral				
			Written / Oral	Written / Oral				
			Written / Oral	Written / Oral				
			Written / Oral	Written / Oral				

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