

Annexure- IV

Employee Training Card

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