

No.	Training Title	Targeted Participants (Name)	Training Coordinator	(Planned) / Actual - Please specify dates for actual												Min. Frequency	Venue	
				Jan	Feb	Mar	Apr	May	Jun	July	Aug	Sep	Oct	Nov	Dec			
1																		
2																		
3																		
4																		
5																		
6																		
7																		
8																		

Remarks	Prepared by: Signature: Name: Appointment: HR Manager Date:	Verified by: Signature: Name: Appointment: ISO Manager Date:	Approved by: Signature: Name: Appointment: MD Date:	Recorded by: Signature: Name: Appointment: HR Executive Date:
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