TRAINING ATTENDANCE SHEET	Form No	F/HR/014
	Rev No	00
	Effec. Date	01.01.2012

TRAINING SUBJECT	Work permit system / work permit Adhare		
NAME OF FACULTY	Ruban.R		
DATE OF TRAINING	20.10.2023	Time 3.00PM	4:15 PM
VENUE	Con Room		

Sr NO	NAME	DEPT	DESIGATION	SIGNATURE
01.	Venkatesan.R	Production	operator	Venkatesh
02.	Hemalatha	"	"	Hemalatha B
03.	Thara Deepa	Quality	QC Inspector	[signature]
04.	Junaki	Production	operator	J.UNAKI
05.	Sandeep Kumar	"	"	[signature]
06.	Jitu Nayak	"	"	Jitu Nayak
07.	Junika	"	"	Junika Lindwar
08.	Prelina	"	"	Pritina Marki

This is to certify that above mentioned - - participants have attended the training

SIGNATURE OF FACULTY		