



TRAINING ATTENDANCE SHEET

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

TRAINING SUBJECT	Emergency Response procedure		
NAME OF FACULTY	Riban.R		
DATE OF TRAINING	14.11.2023	Time	10:20 - 11:15
VENUE	Con. room		

Sr NO	NAME	DEPT	DESIGATION	SIGNATURE
01.	Philmen Soren	Production	operator	philmen .
02.	Biranti Bng.	"	"	Kshakti Bng.
03.	Sisir Chakrabarty	"	"	Sisir Chakrabarty
04.	Saima Minz	"	"	Saima Minz
05.	Kanaka	"	"	Kanaka
06.	Esuari	"	"	Esuari
07.	Hemalatha	"	"	Hemalatha
08.	Shuv Dey	"	"	Shuv Dey
09.	Shiba Mahanta	"	"	Shiba
10.	Babul Rai	"	"	Babul Bhoi
11.	Rupak Das	Security	Security Supervisor	Rupak Das

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

SIGNATURE OF FACULTY