

INDUCTION TRAINING PROGRAM RECORD

Name of Trainee:

Date of Joining:

Department:

Area of Specialisation:

Training topic to be cover:

- (1) Company Details: - History, Policies, and Rules & Regulations
- (2) Awareness Program:
 - A.** Q.S. **B.** Safety Awareness **C.** Manufacturing Process & Product & Product range
- (3) Departmental activities & Hierarchy of staff.

Sr. No	Date	Department	Time		Days/Hours	Remark	Sign. Of HOD
			From	To			

Signature of Training Conductor _____

Record No :

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Format No.: