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HUMAN RESROUCES FORMAT

FORMAT NO.

1	Solutions_	EMDLOVI		HEET					
Name	of Employee		Department:	DUEEI					
Date of Joining :			Date of Birth :-						
Educational Qualification.		Professional Qualification.:							
		pefore Joining :	i roressional qualific	ation					
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Sr. No.	Date	Training Programme	Name of Faculty / Institute	Venue	Duration		Total Training		
					From	То	Hrs.		
Signature of HOD				Signature HR					