

# TRAINING RECORD

Program Subject/ title:

Faculty:

Date:

Time:

Sr. No.	Name of participant	Dept. / Area / Designation	Signature

Verification of training effectiveness:			
Sr. No.	Verification criteria	Satisfactory	Further training required
1	On job performance		
2	Personal interview and discussion		
3	Written test		
Remarks:			
Signature of verifying authority			
Date			