

Document ID EM/FORMAT/03/V2.0 Document Version 02 Document Category Format Issue Date 05/2026

Format of Training Record

Training Topic			
Trainer's Name			
Trainer's Designation			
Date (DD/MM/YYYY)			
Time (HH:MM) from		Time (HH:MM) to	

Sr. No.	Emp. ID	Trainee's Name	Trainee's Designation	Trainee's Department	Trainee's Signature
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
Trainer's Signature					

Note: In addition, other records such as pre and posttest report, feedback reports, training content, photos, videos etc., shall also be maintained.

Disclaimer

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