



ENROLMENT REPORT

NYK-FIL MARITIME E-TRAINING, INC.

Training Course: _____	Class No.: _____
Class Schedule: _____	Bldg. & Room No.: _____
Practicum Site: _____	Practicum Date: _____
Lead Instructor: _____	Assessor: _____
Alternate Instructor: _____	Alternate Assessor: _____
Zoom Credentials: _____	

No.	Name of Trainees (Last Name, First Name, Middle Name)	Date of Birth (mm/dd/yy)	Rank/Rating/ Position	Date of Enrolment	Signature of Enrollees
1.					
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24.					

(Name of school if class is under MOA with Maritime Higher Education Institution)

Certified Correct:

Ms. Carmela Lao Guico

Asst. General Manager
Business, Planning, Program Development
and Support Group

Capt. Eliseo Z. Clemente Jr.

General Manager