

ANNEX-12

Training Record

1. Name of ICS:
2. Name of the Trainer, Qualifications
3. Topic of Training, Dates of Training
4. Venue of Training

Participants List

S.No.	Participants Name	Designation	Signature / Thumb Impression

Note : Standard Reference NPOP November 2014 (www.apeda.gov.in)

NPOP November 2014(www.apeda.gov.in)

Signature of the Trainer & Date