Training Record

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

Participants List

S.No.	Participants Name	Designation	Signature / Thumb Impression
	INAIIIE		1111h16221011

Signature of the Trainer & Date

Note: Suggested format for training programs conducted by ICS Groups