



KPJ KLANG
SPECIALIST HOSPITAL

Nursing Services

Training Master Schedule/ Plan _____

No	Title/ Topic	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec
49140													
1													
2													
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4													
5													
6													
7													
8													
9													
10													

Prepared by,

Verified by,

Name :

Designation :

Name :

Designation :



Nursing Services

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No	Title/ Topic	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec
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Date :

Date :