**Code:COMP/QTF/ COMPUCOM TRACKER**

#### **TRAINING IDENTIFICATION**

**Topic:** \_ GPS Tracker Functioning Training\_\_\_\_\_

**Detail of Training Required:**

List of Identified Employees

|  |  |  |
| --- | --- | --- |
| **S.No.** | **Name of employee** | **Concern Section** |
| 1 | Mr. Rajesh Arora |  |
| 2 | Amit Sharma |  |
| 3 | Alok Kumar |  |
| 4 | Swati Khandelwal |  |
|  |  |  |
|  |  |  |

**Date:** **Signature of concerned authority**

# **Review of Training needs**

# **Sign. Of Reviewing Authority**