

Form	 
<b>PTW TRAINING NOMINATION FORM</b>	

#	Complete Name of Attendees	Job Title	Employee Number	Project	Company	Sub-Contractor / Department	OSC	Refresher Course
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								

Justification for the proposed number of nominees (to be filled up by the nominating company):

Nominated by:

Name		Designation	
Signature		Company	
		Email Address	

Notes:

1. Valid ID copy must be attached along with Training Nomination form (For each person)

Approved By:	<input type="checkbox"/> Director, Operations and Maintenance	<input type="checkbox"/> Department Manager	<input type="checkbox"/> Manager, HSE (Operations and Maintenance)
Signature:			
Date:			