



YOUR INDUSTRY LEARNING

CENTER NAME

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| SCHOOL NAME | BATCH CODE | BATCH NO. | DEPARTMENT | START DATE | END DATE | TOTAL NUMBER |
|-------------|------------|-----------|------------|------------|----------|--------------|
| | | | | | | |

| No. | Trainee ID | Name | Gender | Strand | Target Course |
|-----|------------|------|--------|--------|---------------|
| | | | | | |

PREPARED BY:

SIGNATURE

NOTED BY:

SIGNATURE