

Business Automation Limited

BSRS Bhaban, 12, Kawran Bazar, 9th Floor, Dhaka – 1215

USER- TRAINING AUTHENTICATION SHEET

- | | | | | | |
|---|---|--|---|---------------|--|
| ➤ Company Name | : | | ➤ Address | : | |
| ➤ Phone | : | | ➤ E- mail | : | |
| ➤ Contact Person with cell phone | : | | ➤ Designation | : | |
| ➤ Name of the Product Sold | : | | | | |
| ➤ License Media | : | | | | |
| ➤ User Training Session Date | : | | | | |
| ➤ Networking | : | | | | |
| ➤ User Training Received By
(Name & designation) | : | (a) | | Designation : | |
| | | (b) | | Designation : | |
| | | (c) | | Designation : | |
| | | (d) | | Designation : | |
| | | (e) | | Designation : | |
| ➤ User Training Conducted by | : | | | | |
| ➤ Further Modification
(If Required) | : | | | | |
| ➤ Remarks of the Client | : | <input type="checkbox"/> Satisfactory / Ok | <input type="checkbox"/> Not – Satisfactory | | |
| ➤ Remarks of the Co-Rep | : | <input type="checkbox"/> Satisfactory / Ok | <input type="checkbox"/> Not - Satisfactory | | |

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Customers Signature

.....
Company Representative

With Seal /date

Date:

Remarks of the Director :
Form # ser -02/ Rev. 00 date 08-08-09