



## **SAMSON CONTROLS PVT. LTD.**

Our Ref: SER/16-17/429

Date. 10.01.2017

To,

**VVF [India] Limited | Plot V41, MIDC Industrial Area, Talaja, District Raigad 410 208, Maharashtra, India** | Subject: Training on Samson Control valves ,PRV & Electro Pneumatic Positioner at Samson Controls Pvt Ltd Ranjangaon Pune.

The training on Samson control valves attended by VVF Ltd on dt.10.01.2017.

Attendees are-

**VVF[India] Limited**

MR. KIRAN PETKAR

MR. R. A. NIKAM

MR. GIRISH S. JORE

MR. MEWALI P.

MR. AKSHAY PATIL

MR. BABAJI B. AUTI

MR. AMIT S. PATIL

MR. NILESH N. SHIGWAN

MR. BALKISAN S. MALUSARE

MR. PRATIK R. MOKAL

Training provided by :**SAMSON CONTROLS PVT LTD**

MR. K.N.NARAYANAN(8554986140) (MANAGER-AFTER SALES & SERVICE)


MR. ANANT BHANAGE

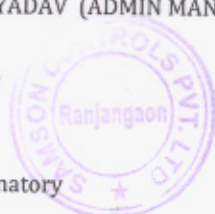
MR. RAJAN MORE

MR. NIKHIL GAWADE

For Samson Control Pvt Ltd,

MR.SANTOSH YADAV (ADMIN MANAGER )

  
Authorised Signatory



Our ECC No.AAACP 3331 QXM 002

CST No.400604/C/3671 w.e.f 01.04.05.

Corporate Address : Pentagon P3 - 604, Magarpatta City,  
Hadapsar, Pune - 411028, Maharashtra India.  
Ph.: 020 - 67246600 Fax : 020 - 67246666

Factory Address D-281 MIDC Ranjangaon,  
Tal. Shirur, Dist. Pune-412220. Maharashtra India.  
Ph. : (02138) 665600 Fax : 665666

Website : [www.samsoncontrols.net](http://www.samsoncontrols.net)

E-mail : [info@samsoncontrols.net](mailto:info@samsoncontrols.net)



# Training Attendance Record

WI.CHR 03 F.NO.6



Topic of the Training session	Samson Valves Training
Faculty	Ranjana, Pune. Ws Samson Pvt. Ltd.
Date	Target participants 10/01/2017 Ranjane.
Duration of training	9:00 am to 5:30 pm

## Attendee Rooster:

Sr. No	Employee No.	Employee Name	Department	Work location	Signature
1	04/049	Girish S. Jore	Instrument	Talaja	
2	04/1421	Murali P	-u-	-u-	
3	04/676	Akshay Patil	-u-	-u-	
4	01/1194	Kiran Petkar	-u-	-u-	
5	04/050	R. A Nikan	-u-	-u-	
6	04/334	Babaji B. Auri	-u-	-u-	
7	04/543	Amit S. Patil	-u-	-u-	
8	04/515	Nilesh N. Shigwan	-u-	-u-	
9	04/601	Balkisan S. Malusare	-u-	-u-	
10	04/673	Pratibha R. Molcar	-u-	-u-	
11			-u-	-u-	
12					
13					
14					
15					
16					
17					
18					
19					
20					

## Absentee's Records: (To be filled in by the training coordinator)

Emp. No.	Employee Name	Whether absence notified?	Comments

Signature of the faculty / training co-ordinator

K. N. Narayanan