

SPARKLINE EQUIPMENTS PVT LTD				FT No.: HR/07
LIST OF TRAINING PARTICIPANTS				Rev No.: 00
				Date: 17.05.2017
				Page No.: 1 of 1
Training Topic	Internal Audit/Review	Total No. of Participants	9	
Date	20-08-2017	Duration	4 Hrs	
Venue	Company Office	Trainer Name & Company Name	K.P. Shankar & Co. Pvt. Ltd.	
Sl.No.	Name	Designation	Signature	Remarks
1	Josiah Praveen	Manager		
2	Nirmal Kumar	Production		
3	Kushal Kosti	Production		
4	Venkatash V	Accounts		
5	Praveen Kumar	Accounts		
6	Sarandhar	Production		
7	Partikhar	Accounts		
8	Sai Krishna	Accounts		
9	Praveen Kumar	Accounts		
Prepared By: <i>[Signature]</i>				Approved By: <i>[Signature]</i>

SPARKLINE EQUIPMENTS PVT LTD				FT No.: HR/07
LIST OF TRAINING PARTICIPANTS				Rev No.: 00
				Date: 17.05.2017
				Page No.: 1 of 1
Training Topic	TQM Training	Total No. of Participants	10	
Date	6-05-2013	Duration	4 Hrs	
Venue	Company Office	Trainer Name & Company Name	K.P. Shankar & Co. Pvt. Ltd.	
Sl.No.	Name	Designation	Signature	Remarks
1	D. Dhanasekaran	Quality Eng		
2	Nagesh Kumar	Production		
3	Josiah Praveen	Manager		
4	Kushal Kosti	Production		
5	Nirmal Kumar	Production		
6	Praveen Kumar	Accounts		
7	Venkatash V	Accounts		
8	Sai Krishna	Accounts		
9	K. Praveen Kumar	Accounts		
10	P. Partikhar	Accounts		
Prepared By: <i>[Signature]</i>				Approved By: <i>[Signature]</i>

SPARKLINE EQUIPMENTS PVT LTD				FT No.: HR/07
LIST OF TRAINING PARTICIPANTS				Rev No.: 00
				Date: 17.05.2017
				Page No.: 1 of 1
Training Topic	KRA Review	Total No. of Participants	8	
Date	19.08.2017	Duration	4 Hrs	
Venue	Company Office	Trainer Name & Company Name	Shaveth Shrivade	
Sl.No.	Name	Designation	Signature	Remarks
1	Josiah Praveen	Manager		
2	Nirmal Kumar	Production		
3	Kushal Kosti	Production		
4	Venkatash V	Accounts		
5	Praveen Kumar	Accounts		
6	Sarandhar	Production		
7	Partikhar	Accounts		
8	Sai Krishna	Accounts		
Prepared By: <i>[Signature]</i>				Approved By: <i>[Signature]</i>

TRAINING ATTENDANCE SHEET.			
SPARKLINE EQUIPMENTS PVT LTD.			
NAME OF TRAINER	Shaveth Shrivade		
TOPIC	KRA		
DATE	09-08-17		
TIME	4.30 PM to 6.30 PM		
Sl.No.	Name of Employee	Department	Signature
1	Josiah Praveen	Manager	
2	Nirmal Kumar	Production	
3	Kushal Kosti	Production	
4	Venkatash V	Accounts	
5	Praveen Kumar	Accounts	
6	Sarandhar	Production	
7	Partikhar	Accounts	
8	Sai Krishna	Accounts	
9			
10			
11			
12			
13			
14			
15			
16			
17			
18			
19			
20			
21			
22			
23			
24			
25			
26			
27			
28			
29			
30			
31			
32			
TRAINER SIGNATURE: <i>[Signature]</i>			