KUISCELL

THE CELL OF WISDOM

ATTENDANCE LIST FORM

Kindly mark in appropriate column

☐ **TRAINING / COURSE** **TRAINING/ COURSE TYPE :** ☐ **INTERNAL** ☐ **EXTERNAL**

☐ **MEETING** **Start** **End**

☐ **INDUCTION** **Date :** _____ _____

☐ **BRIEFING / SEMINAR** **Time :** _____ _____

☐ **OTHERS :** _____ **Total Hour (s) :** _____

TITLE : _____

PROVIDER : _____

NO	PARTICIPANT NAME	H/P NO.	DIV/ DEPT	SIGNATURE

Prepared By : .....

(Name & Signature)