



HRDF

PENJANA HRDF – PLACE & TRAIN INITIATIVE

TRAINEES' ATTENDANCE FORM

Trainee's Name :

NRIC No. :

Training Provider's Name :

Course Title :

Grant ID No. / Proposal No. :

Training Duration : From Until

| Date | Signature |
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| Date | Signature |
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| Date | Signature |
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I certify that all the information and trainees' attendance are true and correct.

Certifying Officer :

Designation :

Signature :

Date :

Company Stamp :

| Summary of Attendance | |
|-----------------------|---------|
| No. of Days Attended | .../... |
| No. of Hours Attended | .../... |

Note:

1. This attendance form must be prepared on a daily basis and signed by the trainee on the training day.
2. This form must not be split and amended in any way.