



Grant ID	
Initiative	

**TRAINEES' ATTENDANCE FORM**

Trainee's Name : .....

NRIC No. : .....

Training Provider's Name : .....

Course Title : .....

Training Duration : From ..... To.....

Date	Signature

Date	Signature

Date	Signature

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.

SCAN HERE



**We Value Your Feedback for the Training!**

Please take a moment to complete our feedback form. Simply scan the QR code before the training ends. We appreciate your participation and feedback.