QUALITY MANAGEMENT SYSTEM TRAINING ATTENDANCE

Trainee's Particulars

Name of Trainee: _SIDDHARTH UDAYSHANKAR_____ Signature of Trainee: _____

Department: ___WPPL OPS_____ Employee Number: _618032_____

Designation: Product Assurance Engineer_____ Date of Training: 22 July 2020_____

S/No	Document Number	Document Title	Document Revision
1	WPPL-WI-05	Calibration Work Instruction	Ver.03

22 July 2020

Training Mode: ☒ Self-Train ☐ Trained by Trainer (Particulars below)

Trainer's Particulars

Name of Trainer: _____ Signature of Trainer: _____

Department: _____ Employee Number: _____

Designation: _____ Date of Training: _____

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