

**Name of Training Provider**

**Attendance Record**

Course Title : \_\_\_\_\_

Scheduled Training Start Time : \_\_\_\_\_

Module Title / Code: : \_\_\_\_\_

Scheduled Training End Time: \_\_\_\_\_

Total Course Duration in Hours: \_\_\_\_\_  
(Exclude Meal Breaks, Revision & Exam hours)

Course Period : From dd/mm/yy To dd/mm/yy  
(Includes Revision and Examination Date)

Name of Trainer: \_\_\_\_\_

| S/N  | Name of Company | Name of Trainee (as in NRIC) | NRIC | Date:   |          |                     | Date:   |          |                     | Date:   |          |                     | Date:   |          |                     |  |  |
|--|-----------------|------------------------------|------|---------|----------|---------------------|---------|----------|---------------------|---------|----------|---------------------|---------|----------|---------------------|--|--|
|  |                 |                              |      | Time in | Time out | Trainee's Signature | Time in | Time out | Trainee's Signature | Time in | Time out | Trainee's Signature | Time in | Time out | Trainee's Signature |  |  |
| <b>(Indicate actual training time if deviated from scheduled time or else indicate individual slot.)</b> |                 |                              |      |         |          |                     |         |          |                     |         |          |                     |         |          |                     |  |  |
|  |                 |                              |      |         |          |                     |         |          |                     |         |          |                     |         |          |                     |  |  |
|  |                 |                              |      |         |          |                     |         |          |                     |         |          |                     |         |          |                     |  |  |
|  |                 |                              |      |         |          |                     |         |          |                     |         |          |                     |         |          |                     |  |  |
|  |                 |                              |      |         |          |                     |         |          |                     |         |          |                     |         |          |                     |  |  |
|  |                 |                              |      |         |          |                     |         |          |                     |         |          |                     |         |          |                     |  |  |
|  |                 |                              |      |         |          |                     |         |          |                     |         |          |                     |         |          |                     |  |  |
|  |                 |                              |      |         |          |                     |         |          |                     |         |          |                     |         |          |                     |  |  |
|  |                 |                              |      |         |          |                     |         |          |                     |         |          |                     |         |          |                     |  |  |
|  |                 |                              |      |         |          |                     |         |          |                     |         |          |                     |         |          |                     |  |  |
|  |                 |                              |      |         |          |                     |         |          |                     |         |          |                     |         |          |                     |  |  |
|  |                 |                              |      |         |          |                     |         |          |                     |         |          |                     |         |          |                     |  |  |
| Head Counts  |                 |                              |      |         |          |                     |         |          |                     |         |          |                     |         |          |                     |  |  |
| Trainer's Signature  |                 |                              |      |         |          |                     |         |          |                     |         |          |                     |         |          |                     |  |  |

**Notes:**

- (1) Trainee and trainer must sign on the date of training session with permanent ink and consistent signature.
- (2) Not allowed to use any form of correction medium, e.g. correction fluid/pen/tap etc. If there is an error, NEATLY strike through and make corrections with signature.
- (3) Please indicate "AB" when trainee absents from class.

**Verification:**

Name of Course Co-Administrator : \_\_\_\_\_

Signature : \_\_\_\_\_

Date: \_\_\_\_\_