

Date : _____ / _____ / _____
 Venue : _____
 Time : From _____ To _____
 Programme : _____
 Conducted by : Name _____ Dept/Company _____

Kindly write out your name in BLOCK LETTERS.

	NAME OF PARTICIPANTS	GHS NO	DEPARTMENT	SIGNATURE
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
16				
17				
18				
19				
20				

Note :
For training purpose only, the original should be passed to HRPD within two (2) days of the training.

Kindly write out your name in BLOCK LETTERS.

	NAME OF PARTICIPANTS	GHS NO	DEPARTMENT	SIGNATURE
21				
22				
23				
24				
25				
26				
27				
28				
29				
30				
31				
32				
33				
34				
35				
36				
37				
38				
39				
40				

Note :
For training purpose only, the original should be passed to HRPD within two (2) days of the training.