



INDUSTRY CERTIFICATION (INDCERT)

TRAINEES' ATTENDANCE FORM

Trainee's Name : _____
I/C No. (New) : _____
Training Provider's Name : _____
Course Title: _____
Grant ID No: _____ Claims Duration : From _____ Until _____
Trainees' Signature : _____

Table with 6 columns: Date, Signature, Date, Signature, Date, Signature. Multiple rows for data entry.

No. of Days Attended: ___ / ___. No. of hours per day: _____.

EMPLOYER DECLARATION

I certify that all the information and trainees attendance are true and correct.
Name : _____
Signature : _____
Managing Director/ General Manager/ Principal
Designation : _____
Date : _____
Employer Stamp : _____

* Note: 1. Please make a separate attachment if more space is required
2. This attendance list must be prepared on daily basis and signed by the trainee in each column