

MAGCOLM SOLUTIONS SDN BHD

ATTENDANCE FORM (AY/FM-02)

Training Title : _____

Training Date :

Trainer :

Mode : Physical / Zoom

Time :

Venue :

Duration: () Hours

PLEASE FILL IN THIS FORM WITH CAPITAL LETTER

No.	NAME	JOB TITLE	MOBILE NUMBER	EMAIL ADDRESS	COMPANY NAME	PARTICIPANT SIGNATURE	
						a.m.	p.m.
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
13							
14							
15							

Trainer to mark ✓ in attendance record for online training only

Remarks :

Trainer Signature :

Revision: 05, Effective date : 11/07/2024

Trainer Name :