

TRAINING RECORD (GMP COMPLIANT)

1. General Information

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|--------------------|--|-----------|--|
| Training Title: | | | |
| SOP No./Reference: | | | |
| Department: | Quality Control | | |
| Training Type: | GMP / GLP / SOP / Safety / OJT / Other | | |
| Date: | | Duration: | |

2. Trainer Details

| | |
|---------------|--|
| Trainer Name: | |
| Designation: | |
| Department: | |
| Signature: | |

3. Trainee Details

| Sr No | Name | Emp ID | Dept | Signature |
|-------|------|--------|------|-----------|
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4. Evaluation

| Name | Method | Score (%) | Result | Remarks |
|------|--------|-----------|--------|---------|
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| | | | | |
| | | | | |

5. Approval

| Prepared By | Reviewed By | Approved By |
|------------------|------------------|------------------|
| | | |
| Signature & Date | Signature & Date | Signature & Date |