

Induction Training Record

Name of the Employee :

Designation :

Joining Date :

INDUCTION TRAINING

Nature of Programme : Formal / Informal

Conducted by :

WHETHER THE FOLLOWING COVERED

Company profile : **Yes** **No**

Rules and regulations : **Yes** **No**

ISO 9001 Q M S : **Yes** **No**

ISO-Awareness : **Yes** **No**

**Additional Topics if Covered List
Details below** : **Yes** **No**

Signature of Inductor

Review Remarks of HOD (With signature and Date)

Review remarks of Head HR (With signature and date)