# Gemini Communication Ltd

## Training Program Attendance Sheet

| Title of the program | Name of the Faculty | Date & Time |
|---|---|---|
| | | |

| No Participants Nominated | Attended | Attendance % |
|---|---|---|
| | | |

| Sl No | Name | Signature |
|---|---|---|
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

Review remarks By MR / HOD with date and signature