

XYZ Pharmaceutical (Pvt) Ltd.

Logo	Title: Training of Personnel	Document Number	XY/QA/SOP/001 (Annex. II)
		Revision Number	00
		Effective Date	DD.MM.YYYY
		Form No.	TS /001/YYYY
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TRAINING SCHEDULE

Department: _____

Year: _____

Sr. No.	Training Subject	Date/ Month	Time	Name of Faculty	No. of Participants	Venue

Prepared By:

Reviewed By:

Approved By:

XYZ Pharmaceutical (Pvt) Ltd.

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TRAINING ATTENDANCE RECORD

Title of SOP: _____

SOP No.:_____

Department: _____

Venue: _____

Trainer: _____

Date: _____

[illegible]

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TRAINING SUMMARY SHEET

Title of SOP: _____

SOP No.:_____

Department: _____

Venue: _____

Trainer: _____

Date: _____

[illegible]

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WRITTEN ASSESSMENT TEST RECORDS

Name: _____

Date: _____

Designation: _____

Department: _____

Ref. Topic: _____

Assessed By: _____

Total Marks: _____

Marks obtained: _____

Sr #	Question	Answer	Marks

Remarks:-

Grade obtained from the written Assessment Test Records

More than 80 % = A+

Between 70 % to 80 % = A

Between 50 % to 70 % = B

Less than 50 % =C

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TRAINING FEEDBACK SHEET

Title of SOP: _____

SOP No.: _____

Department: _____

Venue: _____

Trainer: _____

Date: _____

S. #	Name	Designation	Signature & Date	Feedback by Trainee (Satisfactory/ Not Satisfactory)
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
11.				
12.				
13.				
14.				
15.				
16.				
17.				
18.				