

XYZ Pharmaceutical (Pvt) Ltd.

<div> <div>Logo</div> <div> <div>Title: <i>Annual Plan (Training Schedule)</i></div> </div> </div>	Document Number	XY/QA/SOP/001 (Annex. 1)
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S #	Training Subject	Duration Of Training	Target Group	Training Faculty		No. of Training Programme											
						Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
1																	
2																	
3																	
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