

ATTENDANCE FORM

Purpose: ☒ Meeting ☐ Training / Seminar / Workshop

Type of Training: ☒ Classroom ☐ Practical / Hands On ☐ Technical Sharing

Training Facilitator / Trainer: M. SHAHAROL FITRI

Topic/Subject	WAH awareness	Date	24 OCT 2020
Venue	SIS Training Area	Time	2pm
Meeting Coordinator	M. Shaharol	Meeting/ Training Duration	1 H

No.	Name	Position	Signature
1	M. Syarif		
2	A. Ganiem		
3	M. Nisam	online	
4	M. Aminul asyraf		
5	M. Hakim		
6	M. Saiful		
7	A. muslim		
8	M. Redha		
9			
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12			
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Remark / Comment
