







ATTENDANCE FORM

Purpose: Meeting Training / Seminar / Workshop

Type of Training: Classroom Practical / Hands On Technical Sharing

Training Facilitator / Trainer: MOHD YANI B. MOHD AZMI

Topic/Subject	TO PERFORM TCC AND LIB RUN	Date	28/11/2024
Venue	WMO (MEETING ROOM)	Time	0230 PM
Meeting Coordinator	MOHD YANI B. MOHD AZMI	Meeting/ Training Duration	1 HOUR 30 MINUTES

No.	Name	Position	Signature
1	JAMES BRODY	A. SUCIKLINE	
2	M. ASYRAFF BASRI	SLS OPTR	
3	WAN MOHD FABELILLAH	SLS OPTR	
4	MOHD RIZA B. ZAINAL DIN	SLS OPTR	
5	MUHAMMAD ABD LATIF	S. SUCIKLINE ASST	
6	DINIEY DANIEL B. ROSLI	S. SUCIKLINE ASST	
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Remark / Comment
