

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. Syafiq	online	
2	A. Ganiem		
3	M. Nisam		
4	M. Amzul asyraf		
5	M. Hakimi		
6	M. Saiful		
7	A. muslim		
8	M. Redha		
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Remark / Comment
