

ATTENDANCE FORM

Purpose: Meeting Training / Seminar / Workshop

Type of Training: Classroom Practical / Hands On Technical Sharing

Training Facilitator / Trainer: GAZALI MEHRY

Topic/Subject	PCE/SE	Date 19/3/25	
Venue	MEETING ROOM	Time 1400 Hrs	
Meeting Coordinator	Gazali Mehry	Meeting/ Training Duration	

No.	Name	Position	Signature
1	ROSNI MOHD YATIM	T & C	<i>[Signature]</i>
2	MD' IFWAT AFIQ BIN SAMBULLIZAM	TSA	<i>[Signature]</i>
3	Muhammad Nur Selamat	TSA	<i>[Signature]</i>
4	SEAMUS SAGING	TSA	<i>[Signature]</i>
5	Lamy David	TSA	<i>[Signature]</i>
6	Muhammad Qodrah	TSA	<i>[Signature]</i>
7	MOHAMAD ALI BIN IMAN BIN MAT YUNUS	TSA	<i>[Signature]</i>
8			<i>[Signature]</i>
9			
10			
12			
13			
14			
15			

Remark / Comment
