

	<u>ISO 9001 : 2015 DOCUMENT</u> ICAR-INDIAN INSTITUTE OF VEGETABLE RESEARCH, VARANASI		Doc. No.: IIVR/IS15/03
			Dated: 12/03/18
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TRAINING RECORDS

Subject/Title of the Training:

Period of the Training:

No. of Participants:

Organized at:

Training Coordinator:

Head of Expenditure:

Specific Observation, if any:

(Signature of Training Coordinator)

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TRAINING RECORDS

Name of the Trainees	Address and Contact No.	Aadhar No.	Comments/ Feedback	Signature of the Trainees

(Signature of Training Coordinator)