**Training Attendance Confirmation Form**

|  |  |  |  |
| --- | --- | --- | --- |
| **Organization Name:** |  | **Department:** |  |
| **Training Title:** |  | **Trainer/Facilitator:** |  |
| **Date(s) of Training:** |  | **Venue/Location:** |  |

**Participant Information**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Sr. No.** | **Employee Name** | **Designation** | **Department** | **Employee ID** | **Signature** | **Date** |
| **1** |  |  |  |  |  |  |
| **2** |  |  |  |  |  |  |
| **3** |  |  |  |  |  |  |

*(Add rows as needed)*

**Session Details**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Session No.** | **Date** | **Time** | **Topic Covered** | **Trainer/Facilitator** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

**Participant Declaration**

I hereby confirm that I attended the above-mentioned training session(s) and acknowledge the learning outcomes discussed during the program.

|  |  |  |  |
| --- | --- | --- | --- |
| **Participant Name:** |  | | |
| **Signature:** |  | **Date:** |  |

**Trainer/Facilitator Confirmation**

I certify that the participants listed above attended the training session(s) as indicated.

|  |  |  |  |
| --- | --- | --- | --- |
| **Trainer Name:** |  | | |
| **Signature:** |  | **Date:** |  |

**HR/Training Department Verification**

|  |  |  |  |
| --- | --- | --- | --- |
| **Verified By:** |  | | |
| **Designation:** |  | **Signature:** |  |
| **Date:** |  |  |  |