GINTELL
HEALTH • LOVE • LIFE

☐ GINTELL (M) SDN BHD ☐ GINTELL (BORNEO) SDN BHD

☐ OTHERS: _____

Employee Personal Training Record (EPTR)

Employee Name: _____ Job Position: _____

NRIC No: _____ Department: _____

Training Record					
No	Training Course / Name of Course	Date of Course	Duration of Course	Training Provider / Trainer	Remarks

Prepared by ,

Name: _____

Position : _____

Date: _____