


Master Copy stamp	 PELL TECH HEALTH CARE PVT. LTD.	Controlled Copy Stamp
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Annexure II: Training Schedule

DEPARTMENT																							
SL. NO.	TRAINING	FACULTY	JOB RESPONSIBILITY	MONTH			MONTH			MONTH			MONTH			MONTH			MONTH				
				Scheduled date	Intimation date	Evaluation date	Scheduled date	Intimation date	Evaluation date	Scheduled date	Intimation date	Evaluation date	Scheduled date	Intimation date	Evaluation date	Scheduled date	Intimation date	Evaluation date	Scheduled date	Intimation date	Evaluation date		