

NAME & ADDRESS OF BLOOD BANK

Licence No.:-

TEACHING AND TRAINING RECORDS

(GD-9)



NAME OF THE TRAINER : _____

TYPE OF THE TRAINING : Induction / Installation of new equipments / Hands on / In house lectures.

TOPIC :

LEARNING OBJECTIVES:

DATE:-

VENUE:

SR. NO	NAME	FEED-BACK (useful/ unsatisfactory/ retraining required/additonal training required/any other)	SIGNATURE

TRAINING SUMMARY:-

Signature of Trainer