









## NAAN MUDHALVAN ODD SEMESTER ARTS AND SCIENCE IMPLEMENTATION ATTENDANCE SHEET

	$DD \cap M \cap MD$	$T \cap TIME$
DATE:	FROM TIME:	TO TIME:

NAME OF THE TRAINING PARTNER	TAMIL NADU APEX SKILL DEVELOPMENT CENTER FOR HEALTHCARE
NAME OF THE COURSE	GOOD MANUFACTURING PRACTICES - QUALITY ASSURANCE - TNASDC HEALTH (O2425)
NAME OF THE UNIVERSITY	BHARATHIAR UNIVERSITY
NAME OF THE COLLEGE	NAVARASAM ARTS AND SCIENCE COLLEGE FOR WOMEN, ARACHALUR
NAME OF THE DISTRICT	ERODE
NUMBER OF STUDENTS MAPPED BY NM	
NUMBER OF STUDENTS PRESENT	
NAME OF THE TRAINER	
SIGN OF THE TRAINER	
NAME OF THE EDP FACULTY	
SIGN OF THE EDP FACULTY	
NAME OF THE SPOC	
SIGNATURE OF THE SPOC	
COLLEGE PRINCIPAL SEAL AND SIGNATURE	