

Format of Training Record

Training Topic			
Trainer's Name			
Trainer's Designation			
Date (DD/MM/YYYY)			
Time (HH:MM) from		Time (HH:MM) to	

Sr. No.	Emp. ID	Trainee's Name	Trainee's Designation	Trainee's Department	Trainee's Signature
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
Trainer's Signature					

Disclaimer

The contents are sample references to aid understanding of the Standards and are not prescribed by NABH as mandatory practices. Healthcare organizations are encouraged to modify them as per their scope and practices. NABH is not liable for misinterpretation, erroneous use, or non-conformities during assessment due to unmodified use of these contents.