

Agnel Charities'
Fr. C. Rodrigues Institute of Technology, Vashi
Training Completion Form

[To be filled by the Faculty Coordinator(s) and Submitted to the Coordinating Dean]

1. Title of the Training Program:

2. Duration: ____ Day(s)/Week(s) From: ____ / ____ / 20____ To: ____ / ____ / 20____
3. Name(s) of the Coordinator(s):

4. Name(s) of the Faculty Member(s) Involved Including the Coordinator(s):

5. Name(s) of the Lab. Assistants(s) Involved:

6. No. of Students Enrolled:
7. Total Registration Fee/Sponsorship Received:
8. Total Expenditure for the Training Program:
9. List of Institute's Resources Used:

Date:

Signature(s) of the Coordinator(s)

For Office Purpose

The number assigned to this Training Program is _____.

Date:

Coordinating Dean