

Online Training Attendance Verification Form

Compliance Programs

Participant Information

Full Name

Email Address

Department

Employee ID

Training Details

Course Title

Date of Training

Trainer/Facilitator

Duration (hours)

Mode of Training



Declaration by Participant

I hereby confirm my attendance and participation in the above-mentioned compliance training session.

Signature

Date

Supervisor/HR Verification (Optional)

Verified by

Date

Important Notes:

- This form serves as formal verification of attendance for online compliance training programs.

- Ensure all information is accurately filled for audit and compliance purposes.
- Falsification of attendance information may be subject to disciplinary action.
- Retain a copy of this verified form for your own records.