

ICS STAFF TRAINING

Name of the ICS:

Sr. No.	Date of the Training	Topic of the Training	Resource person of the Training	Name of the Trainee	Signature of the trainee
1.	/ May /				
2.	/ June /				
3.	/ July /				
4.	/ August /				
5.	/ September /				
6.	/ October /				
7.	/ November /				
8.	/ December /				
9.	/ January /				
10.	/ February /				
11.	/ March /				
12.	/ April /				

Date:

Place:

Signature with Seal
(ICS Manager)