

**Name of the College**  
**Name of the Department**  
**ONLINE – SIX DAY FDTP - "Subject Code" - "Subject Name"**  
**Duration**

**NOTE:** Present should be marked as ‘P’ and Absent as ‘A’  
 The Participant Name order should be same as Participant list

S. No	Name of the Participants and Designation	College Name	Date				Date				Date				Date				Date							
			S1	S2	S3	S4	S1	S2	S3	S4	S1	S2	S3	S4	S1	S2	S3	S4	S1	S2	S3	S4				

Signature of the Coordinator -1  
( with Name seal )

Signature of the Coordinator -2  
( with Name seal )

Signature of the HoD  
( with Name seal )