



DIVISION: QUALITY ASSURANCE

Form Title: Induction Training Record Form

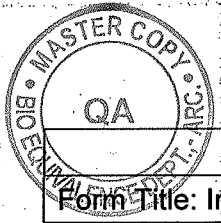
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Name: _____ Division: _____
Date of Joining: _____ Employee Code: _____
Designation: _____ Total Experience: _____
Trainer Name: _____ Trainer Assigned by: _____

Sr. No.	Name of the Department	Information	Sign & Date
01	Quality Assurance	1. Role of QA 2. Working area of QA 3. Guideline & SOPs	
02	Bioanalytical	1. Bio analytical function 2. Method Validation 3. Biological Sample Analysis	
03	Registration / Screening	1. Subject selection 2. Job Function of Screening	
04	Clinical Division	1. Subject housing 2. Dosing	
05	Pharmacy	1. IP Dispensing 2. Entry Restriction	
07	PKBS	Pharmacokinetics and Statistical functions	
08	Site Master File Quality Manual Safety Manual	BE-SMF-001 QA-QM-001 BE-SM-001	
09	Administration	1. Role of administration 2. Working area	
10	Others		

Trainee
Sign & Date

Trainer
Sign & Date



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SOP No.	Current Version No.	SOP Title	Mode of Training Presentation / Self	Trainee Signature & Date	Mode of assessment Oral / Questionnaire	Evaluation Status	Trainer Signature & Date
GN-006							
QA-015							
QA-001							
QA-027							
QA-012							
QA-013							
QA-026							
GN-028							
GN-004							
GN-007							
GN-025							
GN-001							