



KURNIA EKUITI SDN. BHD.

TRAINING PLAN

YEAR: _____																	
No.	TRAINING / COURSE TITLE	DEPARTMENT	MONTH												REMARKS		
			J A N	F E B	M A R	A P R	M A Y	J U N	J U L	A U G	S E P	O C T	N O V	D E C			
REMARKS:	<input checked="" type="checkbox"/>	PLANNED	Prepared by:										Approved by:				
	<input type="checkbox"/>	COMPLETED															