## Weekly Training Report

## Duty of Group Leader

**Name of the Organization:** **Date: From ---------- to ----------**

| Name of the student | Department & Area | Learning exposure | Spcl. Observation | Attendance | Physical awareness | Contact Person |
|---|---|---|---|---|---|---|
| | | | | | | 1.Suman Babu |
| | | | | | | 2. Partha Babu |
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