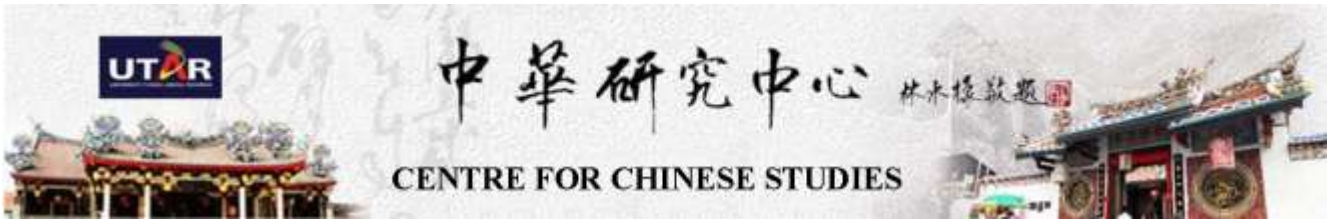
UNIVERSITI TUNKU ABDUL RAHMAN			
Form Title: **CCS EVENT ATTENDANCE FORM**			
Form Number: **FM-ICS-CCS-EA-001**	Rev. No.: **1**	Effective Date: **06/04/2016**	Page No.: **1 of 1**



Event:	:	
Date / Time	:	
Venue	:	

No.	NAME	REG. NO.	SIGNATURE	REMARKS