

PERSONNEL RECORD

Name	:		
E-mail	:		Attach photo here
Date of Birth	:		
Nationality	:		
Contact No.	:		
Address	:		

GAM EMPLOYEE RECORD

Staff No.	:	
Date Joined	:	
Department	:	
Position	:	

GAM APPROVAL RECORD

DCAM AMEL No.	:	
Company approval No.	:	
Date first issued	:	
Expiry date	:	<i>Refer to Company Approval Certificate GAM/Q-013</i>

COMPULSORY TRAINING

Date	Training Course	Provider	Result	Due date
	MOE/COMPANY PROCEDURE			
	HUMAN FACTOR			
	SMS			

**Please refer to page 4 for latest record of training*

TYPE TRAINING

Date	Training Course	Provider	Result	Due date

OTHERS TRAINING

Date	Training Course	Provider	Result	Due date

