

Date: \_\_\_/\_\_\_/\_\_\_ VC ID: \_\_\_\_\_ Starting Time: \_\_:\_\_ Duration: \_\_\_\_\_

Name of User/Department:- \_\_\_\_\_

Address: - \_\_\_\_\_

**Purpose/ Agenda:-** \_\_\_\_\_

Name of sites :-

Site Name	DAMA /IP	Site Name	DAMA /IP	Site Name	DAMA /IP	Site Name	DAMA /IP

Name of Participants:-

S. No	Name	Designation	Signature
1.			
2.			
3.			
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18.			

<b>Feedback :--</b>	<b>Conducted By</b>
	Name :- Designation:-