



College of Administrative and Financial Sciences

## Practical Training Registration

<b>Student Name</b>	BADER ABDULLAH ALQAHTANI
<b>Student ID</b>	180304976
<b>Major</b>	HR & Administration
<b>Training Organization</b>	Name: Saudi Geophysical Address: Khobar - King Faisal street
<b>Training Supervisor Contact Details</b>	Name: Jaha Albuali Designation: HR Manager Department: HR & Administration Email: jaha@saudigeophysical.com Telephone #: 055 9823444
<b>Trainee Responsibilities</b>	1. Employee Relation 2. HR compensation & Benefits 3. Recruitment & selection 4. Rewards & evaluation 5. Learning & Development
<b>Work Hours</b>	Per Week: 30* Total Work Hours: 300
<b>Joining date</b>	30 <sup>th</sup> Jan - 2022





College of Administrative and Financial Sciences


**By the Training Organization Representative:**

By signing this registration form I understand that:

- The student is required to undergo rigorous formal training in the responsibilities mentioned above for the agreed hours.
- Any update about student, his performance, behavior would be promptly communicated to college via assigned email address and will be kept confidential from the student.
- The organization understands that student responsibilities in the organization are purely voluntary and no monetary exchange is mandated by the college.
- In case of any information furnished by the student proving wrong, both parties have right to terminate the training program after intimation.

Trainee Supervisor Name: Julia Albuali

Trainee Supervisor Designation: HR Manager

Trainee Supervisor Signature: 

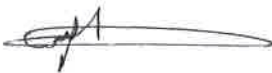


**By the Student:**

I hereby state that all information provided above is correct and the responsibility of its authenticity solely lies on me. In case of any fallacious information, college hold the right to cancel the training registration.

Student Name Bader abdullah ALi alqahfani

Student ID 180304976

Student Signature 

**Submission Instruction:**

The student training supervisor after getting the details filled in is required to sign the document and get it signed from the student as well. After completing, the training supervisor is requested to send the scanned form on following email address:

[caf.coop@seu.edu.sa](mailto:caf.coop@seu.edu.sa)

**Note:** Without receiving of filled registration form, the college will assume the training not to have initiated.