



# Certificate of Training

*This is to Certify That*

**MUHAMMAD SHAHZAD AHMED**

**Employ of (or Sponsored by)**

**QUALITY CONTROL**

**Has Attended Training Course in**

**Powered and Non-Powered Hand Tool Safety Awareness Training**

**and Successfully Completed Theoretical and Practical Assessments  
Designed to Verify and Confirm his Understanding of Course Material**

**Course Duration:**

**One Day**

**Certificate Number: AA/2012/T/011**

**Date Awarded: 20.12.2022**

**Refresher Date: 19.12.2023**

**Assessor: Major Dayoub**

**Signature:**

