



# Certificate of Training

*This is to Certify That*

**NASER FAISAL**

**Employ of (or Sponsored by)**

**QUALITY CONTROL**

**Has Attended Training Course in**

**Manual Handling 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: AB/2902/T/004**

**Date Awarded: 29.02.2023**

**Refresher Date: 28.02.2024**

**Assessor: Major Dayoub**

**Signature:**

