***GFPL -TRAINING NEED IDENTIFICATION RECORD***

DEPARTMENT: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ FOR THE PERIOD: FROM\_\_\_\_\_\_\_\_\_\_\_\_\_\_ TO\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **S No.** | **Employee Name** | **Training Need Identified** | **To be Conducted By** | **Preferred Date** |
|  |  |  |  |  |

Department HOD

Signature Approved By: