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| **TRAINING NEED ANALYSIS PROFORMA FOR FACULTY** |
| Name of the Department: ……………………………….. |
| Name of the Faculty Member: ………………………………………. |
| Designation: …………………………………….. |
| Employed Since: ………………………………………………. |
| Nature of Employment: ……………………………………. |
| Age: ……………………………………. |
| Highest Qualification: ………………………………… |
| Area of Expertise, if any: ……………………………………………… |
| **A. Jobs being currently performed:** |
| 1 ………………………………….. |
| 2 …………………………………….. |
| 3 ………………………………………. |
| **B. Previous Trainings, if undergone during last two years (Use additional sheet if required):** |
|   | Areas of Training/development | Duration(Days) | When ( Date) |  |  |  |  |  |
| 1 |   |   |   |  |  |  |  |  |
| 2 |   |   |   |  |  |  |  |  |
| 3 |   |   |   |  |  |  |  |  |
| **C. Objectives/priorities of the Department:** |
| 1 ……………………………………… |
| 2 …………………………………….. |
| 3 ………………………………………. |
| **D. Your Career development objectives:** |
| 1) …………………………………….. |
| 2) ……………………………………. |
| 3) …………………………………… |
| **E. Indicate your desire for training/development (Use additional sheet if required):** |
| Sl.No. | Areas of Training/Development | Duration (Days) | Convenient (tentative) Dates | Trainer Organizations |  |  |  |  |
| 1 |   |   |   |   |  |  |  |  |
| 2 |   |   |   |   |  |  |  |  |
| 3 |   |   |   |   |  |  |  |  |
| Signature with Date |
| (Name of the Faculty) |

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| Forwarding NOTE from Head of the Department: Signature with date (HOD) |