

SHAH PROMOTERS & DEVELOPERS	Responsibility: HR Manager
--	----------------------------

TITLE : TRAINING NEED IDENTIFICATION FOR STAFF

DOC. NO. : SPD/HR/05	ISSUE NO.:01	ISSUE DATE: 12/03/2013
-------------------------	--------------	---------------------------

REV. NO.:01	REV. DATE: 12/03/2013	PAGE NO.:02 of 05
-------------	-----------------------	-------------------

Name of the Employee:	Designation:	
Employee Code:	Department:	
Employment (Direct/Indirect):	DOJ:	
Reporting To (Name of Officer with Designation):	Previous TNI (Y/N)	
No. of Persons reporting to concerned employee:		
Nature of Job:		

Training(s) Required/Recommended:

S_No.	Topic(s)	Reason(s) for Training	Benefit(s) from Training	
			Self	Organization
1				
2				
3				
4				
5				

Sign. of the Employee

Sign. of HOD

Sign of Head HR

STATUS OF DOCUMENTS	MASTER COPY	CONTROL COPY	OBSOLETE COPY.
---------------------	-------------	--------------	----------------

SHAH PROMOTERS & DEVELOPERS		Responsibility: HR Manager
TITLE : TRAINING NEED IDENTIFICATION FOR STAFF		
DOC. NO. : SPD/HR/05	ISSUE NO.:01	ISSUE DATE: 12/03/2013
REV. NO.:01	REV. DATE: 12/03/2013	PAGE NO.:02 of 05

Questionnaire

1. Are you satisfied with your current Job profile, mentioned yes or no?
2. If yes, than tick mark any of the following:
(a) 10% - 30% (b) 30% - 50% (c) 50% to 70% (d) 70 % to 100 %
3. If no, please mention the reason(s)
4. What kind of training(s) you want to add up in to your existing profile which will help you in enhancing your performance level?
5. What role & responsibilities would you like to add in your profile after attending these training(s)?
6. Name of the training(s) recommended by your Department Head/HOD?
7. Are you convinced with the training recommended by your Department Manager/HOD? If yes, please specify.
8. Please specify those areas of performance which had direct/indirect impact due to these training(s).
9. Please specify those levels which will be benefited:
(a) Individually, (b) Particular Department, (c) Entire Organization, (d) Peers Level, (e) Subordinates Level

Sign. of the Employee

Sign. of HOD

Sign of Head HR

Date:

DETAILS OF LATEST CHANGES : NIL	BASIS FOR LATEST CHANGES : FIRST ISSUE
--	---

PREPARED BY : MR		APPROVED BY : Partner	
SIGNATURE:		SIGNATURE:	
STATUS OF DOCUMENTS	MASTER COPY	CONTROL COPY	OBSOLETE COPY.

