FORMAT FOR SUBMITTING TRAINING PROPOSAL

GENERAL INFORMATION

|  |  |  |
| --- | --- | --- |
| 1. Name of the Candidate | : |  |
| 2. Designation | : |  |
| 3. Name of the Division/Section | : |  |
| 4. Scale of Pay and Pay Drawn (Basic) | : |  |
| 5. Nature of Employment | : | On probation/Permanent/Contractual |
| 6. Educational qualifications and field of specialization | : |  |
| 7. Area of current work (name the projects/section of work) | : |  |
| 8. Date of birth (dd/mm/yyyy) | : |  |
| 9. Date of superannuation (dd/mm/yyyy) | : |  |
| 10. Experience (yrs) | : |  |

DETAILS OF THE TRAINING COURSE

|  |  |  |  |
| --- | --- | --- | --- |
| 1. | Title of training | : |  |
| 2. | Venue (s) | : |  |
| 3. | Duration of the training | : |  |
| 4. | Main objectives of the training programme | : |  |
| 5. | Whether the proposed training is as per the already identified skill deficient areas relevant to the discipline/job/personality? If no, kindly identify 1-2 skill deficient areas also. | : |  |
| 6. | Relevance of the training programme to the Institute’s thrust area or research projects or your current job being carried out in the bureau and the benefit likely to accrue to the system through application of skill/experience gained during the training. | : |  |
| 7. | Details of similar trainings undertaken on an earlier occasion (s), if any | : |  |
| 8. | Whether all earlier trainings have been entered in ERP system? If not, why? | : |  |
| 9. | Registration fee, if applicable. | : |  |

Date: **Signature of the Applicant**

**Recommendation of the controlling officer**

**Signature of the controlling officer**

**Director**