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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) |