

- 1. Particulars of person
 - i. Name :
 - ii. Designation :
 - iii. Place of Posting :
 - iv. Working in CWC since :
 - v. Job assigned till date :
 - vi. Present area of work :

2. Name of training / subject Of interest & Training Organizer

3. Why you consider the training is important for you to enhance your competency (not more than 5 lines)

SIGNATURE OF EMPLOYEE

4. Previous trainings on related aspect(s) - Details with date

Date/ Duration	Title of Training

5. Relevance with the present working or Future requirements (anticipated job rotation, new assignments etc.

6. *Recommendation by Controlling Authority -----

SIGNATURE OF CONTROLLING AUTHORITY

* Recommendations should be based on experience, work knowledge, leadership, planning and improvement, team building, problem solving communication skill, behaviour, creativity and innovation

Approved By

(O.P. BHARATI)
GM (Personnel)

Issued By

I QSD
II
III

Issue No.

Page Rev. No.-Nil
Page No. 1 of 1

Date