

NON TECHNICAL TRAINING PROPOSAL

FORMAT NO.:

NAME: _____ DESIGNATION: _____

DEPARTMENT: _____ UNIT: _____

No	PROPOSED NO.	NAME OF EMPLOYEE / WORKMAN	DESIGNATION	LEVEL TRAINING

SEMINAR / COURSE:

SUBJECT: _____

DAY/TIME: _____

VENUE: _____

TRAINING FEE / COST: _____

DETAILS OF SEMINAR / COURSE:

PROPOSED BY

APPROVED BY

DEPARTMENT – HEAD

MANAGER – WORKS / DIRECTOR

RECEIPTED BY HUMAN RESOURCE

SIGNATURE
