Training Request Form					
Employee Name :					
Date of Request :	Department:		F	Position:	
Join Date:	Since on Post:		H	If on Multiple Position:	
Training :	[	] Internal	[	] Out side	
Internal – Location					
Outside – Location					
OUTSIDE - FORGEION					
Course Name & Brief Description					
Course Starting From Date:	to Date :				
Faculty Name :					
Total Cost of Course :	. Γ				
IOTAL LOST OT LOURSE :	ourse : + Expenses =				
Training Reasons					
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Verified By Human Resources	<u>                                      </u>	quested by		Approved by General Manager	