Training Need Identified Versus Actualized

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Format No.	DOCUMENT NO.
Rev. No.	DOCUMENT DATE.
Rev. Date.	

		Emp. ID Employee Name	Date of Join	Department	Designation	Training Need Identified					Actualized						
Sr. No.	Emp. ID					Identified Training	Training Type	Total Hours	Tentative Date / Month	Tentative Faculty / TPA	Actualized / Month	Training Date	Tentative Faculty / TPA	Total Hours	Training Effectiveness	Feedback from Employee	Gap of Hours