

HUMAN RESOURCE
 TRAINING NEEDS ASSESSMENT TOOL

Name: _____ PF. No: _____ Date: _____

Designation: _____ Division/School/Department/Section/Sub-Section: _____

SECTION I: To be filled by employee		
S/no	Major Job Description	Training/ skills development required
1		
2		
3		

Supervisors Comments:

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Name:..... Signature:..... Date:.....

SECTION II: To be filled by Human Resource.		
How it will be achieved (on-job training, internal and external training.	Training Provider	Period

Ag. Head- Human Resource Comments:

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Name:..... Signature..... Date:.....