

**HUMAN RESOURCE  
 TRAINING NEEDS ASSESSMENT TOOL**

Name: \_\_\_\_\_ PF. No: \_\_\_\_\_ Date: \_\_\_\_\_

Designation: \_\_\_\_\_ Division/School/Department/Section/Sub-Section: \_\_\_\_\_

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

**Supervisors Comments:**

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

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

**Head- Human Resource Comments:**

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

