

ANNEXURE 9/14

TRAINING REPORT FORM (to be attached with Joining Report Form
Annexure 9/13) – both LTT & STT

Chief/Sr./HR Officer

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Ref: Letter of Award No:

Date:

I have completed the training as per details below:

1. Course Title :
2. Location (Institute, City, Country) :
3. Commencement Date & Duration :
4. Completion Date :

I. Describe courses/subjects covered during the training (please use extra pages if required).

II. Propose how the knowledge and skills gained from the course can be utilised to further improve the effective delivery of services of the Agencies.

Signature and date:

EID No.

Name:

Position Title:

Agency: