

College of Technology and Engineering, Udaipur 313001

**TRAINING NEEDS ANALYSIS PROFORMA-IV: FOR FACULTY
(Session 2014-15)**

Name of the Department :

Name of the Faculty Member :

Designation :

Employed since :

Nature of Employment : Regular/Ad-hoc/Contractual/Other:

Age :

Highest Qualification :

Area of expertise, if any :

A. Jobs being currently performed:

- | | | | |
|---|-------|---|-------|
| 1 | ..... | 5 | ..... |
| 2 | ..... | 6 | ..... |
| 3 | ..... | 7 | ..... |
| 4 | ..... | 8 | ..... |

B. Previous trainings, if undergone during last two years (Use additional sheet if required):

	Area of training/development	Duration (Days)	When (Date)
1			
2			
3			
4			

C. Objective/priorities of the Department:

- | | | | |
|---|-------|---|-------|
| 1 | ..... | 4 | ..... |
| 2 | ..... | 5 | ..... |
| 3 | ..... | 6 | ..... |

D. Your career development objectives:

- 1).....
- 2).....
- 3).....

E. Indicate your desire for training/development (Use additional sheet if required):

S.No.	Area of Training/Development	Duration (Days)	Convenient (tentative) Dates	Trainer Organizations
1				
2				
3				
4				
5				

Date:

Signature with date
(Name of Faculty)