## **UJVN Limited, Dehradun**

## TRAINING NEED IDENTIFICATION FORM

S.	Name of the	Training identified	Reason	Action by H.R. Department		Remarks
No.	officers/employees/designation			Planned date	Actual date of training	

Select Reason for training as appropriate: (a) New Joining; (b) Transferred from other department; (c) New Machine / technology introduced; (d) Change in existing System; (e) NCR in Internal/External Audit; (f) Could not attend previous training; (g) Previous training not effective; (h) Policy & Objectives changed or new introduced; (i) Responsibility increased

Date:

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