

TRAINING REPORT FORM (to be attached with annexure 5)

Chief/Sr. / H. R. Officer

.....

.....

Ref: Training Approval letter No:

Date:

I, (Name), 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 utilized to further improve the effective delivery of services and achieve the goals and objectives of the Organizations (please use extra pages if required).

Position Title:

Signature:

Agency:

Date: