Gemini Communication Ltd

Training Need Identification Cum Record

Name of the employee		
Designation		
Department		
Date of joining		
Basic Education qualification		
Details of Training already undergone	Subject	Date of Training
Date of identification of need.		

Training need areas	Type of Training (Internal / External / On the Job)	Date of Training (To be updated after completion of the training)

Signature of the Employee

Signature of Identifying Official