

Annexure 9/16

HRD Report No.										Dated:				
Monthly Report for Short-term Trainings														
Report for the Month of:, Year:														
Name of Agency:														
Sl.No.	Name	Position Title	EID No.	Dept./ Div.	Course Title	Location		Start Date (dd/mm/yyyy)	Duration (days)	Planned	Ad hoc Offers		Source of Funding	Remarks
						Institute, City	Country				Received	Impld.		
	Total													

Annexure 9/16

Chief HRO/Member Secretary, HR Committee

Secretary/Chairperson, HR Committee