

**CENTRAL INSTITUTE OF PLASTICS ENGINEERING & TECHNOLOGY**

**TRAINING NEED IDENTIFICATION FORM**

**Identified by :**

**Date :**

<b>S. No.</b>	<b>Name of Faculty / Staff</b>	<b>Designation</b>	<b>Training to be provided on</b>	<b>Dates (**) Training provided</b>

**(\* Need for Faculty to be identified by Centre Incharge for others by the concerned HOD**

**(\*\*) To be covered after completing the programme.**

**Identified by**

**Reviewed by**

**Approved by**

