

Employee Training Requisition form

Employee Name: Date:

Designation: Department:

Working Location:

Name of the course/Seminar you wish to attend:

Date of Training:

Training Location and Venue:

No. of Days of Training: From: To:

How does this training benefit you?

How does this training benefit Organization?

Total cost: (includes Fees + Travelling + Conveyance + other costs etc..)

HOD Comments:

Tick the appropriate one below:

Approved:

Denied:

Handing over pending activities to:

HOD Sign

HR sign

MD sign