##  QSF HRD 02/2

**TRAINING REPORT FORM**

1. Name of Official :……………………………………….
2. Designation :……………………………………….
3. Name of Office where working :……………………………………….
4. Length of Service in the present grade :……………………………………….
5. Name of the Course attended :……………………………………….
6. Duration :……………………………………….
7. Venue :……………………………………….
8. Main objective of the Course :……………………………………….
9. Brief description of the Course :……………………………………….
10. Merits and Demerits of the Course :……………………………………….
11. Any suggestions/ proposal emerging from the Course attended from which the State/Department may derive benefits :……………………………………….

**Note** : Tour Notes/ Dairies should also be submitted.

Signature

*Reporting authority’s comments :………………………………………………………………….*