

Details Required for Planning In-Company Training Programme

To be filled by Company

Name of Organization				
Name of Training Programme				
Topics to be Covered				
Duration in No. of Days				
Preferred Mode (Online / Physical)				
Venue (CII Facility OR Customer's Premises)				
Participants' Qualification*	Diploma	Degree	Post graduation	Others
No. of Participants				
Specialization*	Mechanical	Electrical	Electronics	Design Sales
Total Years of Experience of Participants	Minimum:		Maximum:	
Present function in organisation				
Expected Outcome in knowledge Level of Participants due to Training				
Contact Details				
Name				
Designation				
Telephone No. - Office				
Telephone No. - Mobile				
E-mail ID				
Address				

**Please tick the preferred boxes. Choice could be more than 1*