



GURU GOBIND SINGH INDRAPRASTHA UNIVERSITY
SECTOR-16C, DWARKA, ND-110 075
Staff Development Cell (SDC)

FORMAT FOR TRAINING AND DEVELOPMENT FOR FACULTY AND STAFF

1. School/Department : _____
2. Total Manpower Strength
Faculty: _____
Non-Teaching: _____
3. Teaching and non-teaching members being recommended for Training and Development/Orientation/Refresher Programmes in the next one year:

A. Faculty:

S. No.	Name	Designation	DOB	Educational /Professional Qualification	Total Years of Experience	Date of Joining University	Area/Type of Programmes Recommended

(May kindly attach additional sheets in the same format, if necessary)

(contd..p/2.....)

B. Non-Teaching Staff:

S. No.	Name	Designation	DOB	Educational/ Professional Qualification	Total Years of Experience	Date of Joining University	Area/Type of Programmes Recommended*

(May kindly attach additional sheets in the same format, if necessary)

* **Suggested illustrative Areas for Training Programmes/ Workshops:** Purchase Management in Government / Noting and Drafting; Right to Information; Record Management; Public Information Officers; Refreshers Course on Personal Assistants; Basic Functional Efficiency in Computer Operation; Communication Skills; Accounting / Basic Functional Efficiency in Audit Matters; Basic Functional Efficiency in Accounts Matters; Basic Managerial Competence in Event Management; Others (Pl. Specify).

(Signature of Dean / HOD)