

**NAME OF ORGANIZATION**

**Format No-**

TRAINING CALANDER FOR THE YEAR STARTING \_\_\_\_\_

| S.No | Subject of training planned | Type of training<br>In house/<br>external) | Faculty/Training agency | Planned start date | Duration | Who should attend |
|------|-----------------------------|--|-------------------------|--------------------|----------|-------------------|
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Prepared by:

Approved by:

Date

Signature