

| Employee<br>Name     | Bhavin Malaviya | Manager's name | Dinesh Kabra |
|----------------------|-----------------|----------------|--------------|
| <b>Employee Code</b> | 10002295        | Year           | 2016-2017    |

Please discuss your strengths and work related weaknesses with your manager and identify your training needs. Your development will happen through the following ways:

## Part A: Development through Instructor led training in Classroom

| No     | Name of program                                  | Faculty             | Days | Please explain why the training is needed |
|--------|--|---------------------|------|---|
| 1      | Interpersonal skills                             | Amit Sanas          | 2    |   |
| 2      | Advanced Communication skills( only AGM & above) | Charles<br>Carvalho | 2    |   |
| 3      | Effective time management and execution          | Amit Sanas          | 2    |   |
| 4      | Inspirational Leadership (only AGM & above)      | Charles<br>Carvalho | 2    |   |
| 5      | Advanced Excel (only AGM & above)                |                     | 2    | For Better data analysis & aeiging        |
| 6      | Environment Health and Safety *                  | EHS Team            | 1    | ОК  |
| 7      | Training on ISO 14001, OHSAS 18001 **            | EHS Team            | 0.5  | ОК  |
| 8      | Training on ISO 9001 & 22000                     | ASHOKRAO<br>PATIL   | 0.5  |   |
| 9      | Good Manufacturing Practices (GMP +) and cGMP ** | ASHOKRAO<br>PATIL   | 0.5  | ОК  |
| 1<br>0 | Influencing skills                               | Internal TBD        | 2    |   |
| 1      | Strengths based team building                    | Charles<br>Carvalho | 1    |   |

<sup>\*</sup>Mandatory for all employees to attend this program

If you need a program that is not mentioned above, please use the space below. Please note this program may be offered if at least 20 people request for it.

| No | Topics required | No. of Days | Internal faculty name |
|----|-----------------|-------------|-----------------------|
| 1  |                 |             |                       |
|    |                 |             |                       |
| 1  |                 |             |                       |
|    |                 |             |                       |

Note: Part B and Part C are to be filled by only AGM and above employees.

## Part B: Development through developmental relationships

| No | Relationship  | Name of leader | Number of Meetings<br>planned | Target date |
|----|---|----------------|-------------------------------|-------------|
| 1  | Coaching through leader in own function for functional inputs |                |                               |             |
| 2  | Coaching through leader in own function for functional inputs |                |                               |             |

<sup>\*\*</sup>Mandatory for employees working at locations covered by the certifications

| Part C: Development through action learning projects              |  |
|---|--|
| Project Title   |  |
|   |  |
| Review date   |  |
| Γarget end date   |  |
| Project scope   |  |
| Project exclusions  |  |
|   |  |
| Project deliverables (Target at rating 3: good solid performance) |  |
| What is the employee expected to learn from this project          |  |
| Reviewer(s) name  |  |
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