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# Individual Development Plan

## (WI.CHR.03 F.NO. 1)

Employee Name		Manager's name	
Employee Code		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 Carvalho	2	
3	Effective time management and execution	Amit Sanas	2	
4	Inspirational Leadership (only AGM & above)	Charles Carvalho	2	
5	Advanced Excel (only AGM & above)		2	
6	Environment Health and Safety *	EHS Team	1	
7	Training on ISO 14001, OHSAS 18001 **	EHS Team	0.5	
8	Training on ISO 9001 & 22000	ASHOKRAO PATIL	0.5	
9	Good Manufacturing Practices (GMP +) and cGMP **	ASHOKRAO PATIL	0.5	
10	Influencing skills	Internal TBD	2	
11	Strengths based team building	Charles Carvalho	1	

\*Mandatory for all employees to attend this program

\*\*Mandatory for employees working at locations covered by the certifications

*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 planned	Target date
1	<b>Coaching</b> through leader in own function for <b>functional</b> inputs			
2	<b>Coaching</b> through leader in own function for <b>functional</b> inputs			

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Part C: Development through action learning projects

Project Title	
Review date	
Target 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	