

Employee Name :  
Manager's Name :  
Goalsheet Of Year: 2017-2018  
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Individual Development Plan (WI.CHR.03 F.NO. 1)

Employee Name	Manager's name	Employee ID	Year
			2017-2018

*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	Training on ISO 9001 & 15000 **	ASHOKRAO PATIL	1	
2	Environment Health and Safety *	Sunil Katekari	1	
3	Prevention of Sexual Harassment *		1	
4	Effective Communication Skills	Charles Carvalho	2	
5	The Super Manager	Amit Sanas	2	
6	Six Thinking Hats		1	
7	Art of Charm	Anant Pednekar	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			
2			

**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	Program Completed	Reviews
1	Coaching through leader in own					

	function for <b>functional</b> inputs					
2	<b>Coaching</b> through leader in own function for <b>functional</b> inputs					

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	
Project Status	
Project Status Comments	