
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	Coaching through leader in own function for functional inputs			
2	Coaching through leader in own function for functional 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	