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# Individual Development Plan

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

|                      |              |                       |                |
|----------------------|--------------|-----------------------|----------------|
| <b>Employee Name</b> | RAJESH GUPTA | <b>Manager's name</b> | Mahendra Uttam |
| <b>Employee Code</b> | 10002868     | <b>Year</b>           | 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    | Interpersonal Skills                      |
| 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  | OEE             | 0           | external_faculty@vvfltd.com?External Faculty |
| 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 |  |  |  |
|--|------------------------------|--|--|--|

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  |  |