

Employee Name :
 Manager's Name :
 Goalsheet Of Year: 2017-2018
 vvf57e264fd8d3ef

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 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	
Project Status	
Project Status Comments	