**Training Application Form**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Engineering Department

 Name of Faculty/Staff:

 Designation:

 Date:

To,

Head of Department

 Sub: Give a permission to apply in OFF LINE/ ON LINE/ MOOC training

Respected Sir/ Mam,

 I would like to apply through TNA portal / other in following training

Title:

Venue:

Duration:

Mode of Training (Online/Off line):

The total number of trainings I had taken for the year April \_\_\_\_\_\_\_\_ to March \_\_\_\_\_\_\_\_ are \_\_\_\_\_

I will do alternate arrangement of departmental/ academic/ institutional work for training duration.

Thanking you

 (Signature of Faculty/Staff)

Permission to apply in above training (Yes/ No): \_\_\_\_\_\_\_\_\_\_

 (Signature of HoD)

Copy to: FSD Coordinator