## Govt. Engineering College, Trissur

## Application for training

Form TR-01(00)

- 1. Name of the Faculty/ Staff:
- 2. Designation and Department
- 3. Title of the training program to be attended:
- 4. Date(s) of the program:
- 5. Need identified based on (or Justification for attending the program):
- 6. Agency conducting the program:
- 7. Location where training is conducted:
- 8. Period of absence:
- 9. Alternate arrangement details for the classes during the period (if any):
- 10. Fee amount and paid by: Self/ by the institution (against the scheme------)

Date:	Prepared by	HODs/ Admn. Asst.	Principal
Date.	Fiepareu by	HODS/ AUTIIL ASSL	FILICIPAL