**FORMAT**

(In the Letter Head of the Company)

Date:

Information provided to Implementation Agency indicating requirement for secondary skill upgradation training for existing workforce in shopfloor, under HRD scheme

**SKILL UPGRADATION OF EXISTING WORKFORCE IN SHOP FLOOR**

**TRAINING REQUIREMENTS**

**under HRD Scheme of IFLADP 2017-2020**

**Submitted to Implementation Agency ……………………………………**

|  |  |
| --- | --- |
| Name of the company |  |
| Name of the Proprietor / CEO / Director |  |
| E mail: |  |
| Mobile: |  |
|  |  |
| Product Segment: |  |
| Number of employees to be trained | Enclose: List of employees to be trained |
| Their existing Job Roles | Enclose: Job-role wise List of employees |
| Type of skill upgradation training to be given (mention details from curriculum perspective) |  |
| Location of the Factory in which manpower would be trained | 1.  Address:  Name of Factory Manager / competent authority:  Designation:  Email:  Mobile Phone:  2.  3. |

Signature

Name of the Authorised Signatory:

Designation:

Mobile:

Email:

Seal of the company

*Date*

*NB:*

1. *Please give above details for each product segment you require manpower for.*
2. *For different categories of employees, different job roles would be there and also, they may require different skill upgradation trainings in furtherance to their job roles. These may be mentioned suitably, by giving details separately as per format above.*
3. *In case several factory locations, please mention details, serial number wise.*