#### Skill Development Program

### Requirements of Training Needs by Industry

			Ref.No.: III/SD/xx
Name of the Industry	:		
Type of Industry	:		
Address	:		
Target audience	:	Workers / Technicians /Engineers	
Domain in which Skill Development Training required	:	Technical / Academic /Software	
List of requirements	:		
Number of Persons can be deputed	:		
Duration / Number of Days	:		

Signature

#### Skill Development Program

### Training Offered (Laboratory)

		Ref.No.: III/SD/01
Name of the Department	:	
Name of the Laboratory	:	
Name of the Incharge	:	
Equipment / Instrument for Training	:	
Target audience	:	Govt. / Private / Academic / Students
Details	:	
Fees Details	:	
Signature		

#### Skill Development Program

### Training Offered (Individual)

		Ref.No.: III/SD/02
Name of the Department	÷	
Name of the Staff	:	
Skill set	:	
Target audience	:	Govt. / Private / Academic / Students
Details of the Skill	:	
Fees Details	:	
Signature		
Jighature		

#### Skill Development Program

#### **Brochure with Photo**

### (Every Semester Update the details)

Ref.No.:	III/SD/03
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Name of the Department	:
Facilities available	:
	1.
	2.
Course coordinator	:
Content	:
Outcome	:
Duration	:
Period of an year	:

Signature of HOD :

#### **Skill Development Program**

### **Approval Form**

	Re	f.No.: III/SD/04
То		
The Chairmar	n / The Principal	
Thiagarajar Co	ollege of Engineering,	
Madurai.		
Respected Sir,		
Sub: Skill Deve	elopment Training on "" – Approval – Re	eg.
	***	
Department of	Engineering is expertise in	domain and
the department have	facilities like,	·
This/these instrument	t(s) may be used to train the Students / Workers / Engineers in	·
The number of trained	esper batch and the fess per candidate is (including Se	ervice Tax.)
Course Coordinator	:	
Course name	:	
Amount collected	:	
Expenditure Details	:	
We kindly req	uest you to approve this training programme and this fees will be re	mitted in
A/c.		
	Thanking You,	

Yours faithfully,

Dean/III

#### **Skill Development Program**

#### Requisition for Web page updation

 Name of the Programme
 :

 Target Audience
 :

 Coordinator
 :

 Mail ID
 :

 Mobile
 :

 Duration
 :

 Fees
 :

Signature of Dean/III

Encl: Registration Form (Word Doc.)

:

Ref.No.: III/SD/05

#### **Skill Development Program**

### **Registration Form**

			Ref.No.: II	I/SD/06
Name:				
Designation:				
Name of the Industry :				
Mailing Address:				
Talanhana				
Telephone:				
Mobile:				
Fax:				
E-mail:				
Registration Fee Details	s:			-
Registration Fees	DD Number	Date of Issue	Issuing Bank	

Signature of the participant: \_\_\_\_\_

Office use only

#### **Skill Development Program**

#### **Selection Intimation**

					Ref.N	o.: III/SD/07
	Training on					
		Date (	)			
То						
Sir/Madam,						
It is pleasure	to inform you that	t you are	selected to	attend t	he Training	Course on
<i>u</i>	" from	to	at			Seminar
Hall, Thiagarajar College	of Engineering, Mad	urai.				
You are requeste	ed to bring		for th	e training p	orogramme.	
If any enquiry, please co	ntact Mr	, Mobile_		or email		

Thanking You,

Yours faithfully,

Dean/III

#### **Skill Development Program**

### **Expenditure Details**

Ref.No.: III/SD/08

Course name

Amount collected :

:

Number of participants	Course Fee	Total

Expenditure Details :

Course Coordinator

#### **Skill Development Program**

### **Closure Report**

Ref.No.: III/SD/xx

Name of the Programme	:		
Coordinator	:		
Date & Duration	:		
Fees collected	:		
Expenditure details	:		
Advance received	:	Amount:	Date:
Balance paid	:	Amount:	Date:
Report enclosed (Includes Brochure, Participants list, Agenda, Schedule,(Inauguration, Valedictory function) Photographs Problems identified in the course	:	Yes/No	
Whether updated in TCENET ?	:	Yes/No	
Signature of Coordinator	:		

:

Signature of Dean/III

### Skill Development Program

### **TCENET** updation

Ref.No.: III/SD/09

Name of the Programme	:		
Coordinator	:		
Date & Duration	:		
Number of Participants	:		
Signature of Coordinator	:		
Signature of Dean/III	:		