

HRD Report No.

Dated:

Monthly Report for Short-term Trainings														
Report for the Month of . . . , (year).														
Name of Agency:														
Sl.#	Name	Position Title	EID No.	Department/ Division	Course Title	Location		Start Date (dd/mm/yy yy)	Duratio n (days)	Planned	Ad hoc Offers		Source of Funding	Remarks
						Institute, City	Country				Received	Implemented		
Total														

Chief HRO/Member Secretary, HRC

Secretary/Chairperson, HRC