
GUIDELINES ON TRAINING NEEDS ANALYSIS (TNA)

1. Introduction :

Training Needs Analysis (TNA) is a series of activities to define the gap between the current and the desired individual and organizational performances. It identifies the areas where both individuals and an organization would benefit from training in order to become more effective at achieving the individuals' own objectives and the objectives of the Organization.

TNA is a systematic process based on specific information converging techniques. It proceeds in stages, with the findings of one stage helping to shape the next one. Each particular stage requires its own mix of observations and analysis. It is not a one-time event but organizations need to carry out it ideally every year and the training/development plan resulted from it is to be implemented in the following year. TNA gives performance improvement, introduction of new system, task or technology and organizational benefits.

2. Scope :

- 1) All class IV staff
- 2) All support staff and technical staff
- 3) All faculty (including contractual and ad-hoc)
- 4) All Heads of the Departments and Deans
- 5) All administrative staff (including finance personnel)
- 6) Principal/Director

3. Suggested training domains :

S. No	Staff/Faculty Category	Possible Areas of Training/Development
1	Class IV Staff	Attitudinal and mind-set change, Personality development, Motivation, Qualification upgradation
2	Support Staff	Attitudinal and mind-set change, Personality development, Communication skills, Motivation, Office modernization, Qualification upgradation, Advance learning in their relevant occupational areas, Other felt-needs
3	Technical Staff	Attitudinal and mind-set change, Personality development, Communication skills, Motivation, Qualification upgradation, Operation & Maintenance of modern laboratory and advanced equipment, Advance learning in their relevant occupational areas, other felt-needs
4	Faculty (including contractual and ad-hoc)	Attitudinal and mind-set change, Personality development, Communication skills, Motivation, Qualification upgradation, Effective teaching – learning (modern pedagogy) processes, Advanced subject knowledge, Advanced R&D activities, lab/workshop development, Quality management, Standard Conferences, Consultancy, other felt-needs
5	HoD's and Deans	Attitudinal and mind-set change, Personality development, Communication skills, Motivation, Qualification upgradation, Effective teaching – learning (modern pedagogy) processes, Advanced subject knowledge, Advanced R&D activities, Lab/Workshop development, Quality Management, Attachment to industry and premiere R&D organizations, Consultancy, Planning & Implementation, Budgeting & Financial Management, Management Capacity Development, Departmental/Institutional Management, other felt-needs
6	Administrative Staff (including finance personnel)	Attitudinal and mind-set change, Personality development, Communication skills, Motivation, Qualification upgradation, Institutional Development Management, Quality Management, Management Information System, Planning & Implementation, Budgeting & Financial Management, Systems Automation, Management Capacity Development, Human Resource Management, other felt-needs
7	Principal/Director	Institutional Development & Management, Quality Management, Management Capacity Development, Planning & Implementation, Budgeting & Financial Management, Extension of services, Exposure to premiere Institutions/Centers of Excellence (National and International), Sustainability strategy, other felt-needs

4. Procedure :

4.1 All staff and faculty of the Institution shall be distributed a relevant TNA proforma as indicated below:

S.No.	Staff/Faculty Category	Applicable TNA Proforma
1	Class IV Staff	Proforma - I
2	Support Staff	Proforma - II
3	Technical Staff	Proforma - III
4	Faculty (including contractual and ad-hoc)	Proforma - IV
5	HoD's and Deans	Proforma - V
6	Administrative Staff (including finance personnel)	Proforma - VI
7	Principal/Director	Proforma - VII
8	Consolidated Departmental Training/Development Plan	Proforma - VIII
9	Consolidated Institutional Training/Development Plan	Proforma - IX

4.2 Following information may be used by the individuals for exercising TNA:

- 1) Institution's Strategic Development Plan
- 2) Institution's (recent) SWOT analysis
- 3) Previous years' Development/Training Plans
- 4) Seniors' and/or Peers' feedback
- 5) Students' feedback
- 6) Feedback on previously attended training programmes
- 7) Any other relevant feedback

4.3 Each staff member and faculty shall analyze his/her current knowledge & skills, and the desired knowledge & skills for effective performance of his/her current job profile as well as perceived future/prospective job profile. To take-up the exercise of TNA, staff and faculty are suggested to use the information/feedback as mentioned at Sub-head 4.2 (in case such information/feedback is not available they shall have discussions with their students/peers/seniors/HoD/Principal/Director). While analyzing the training needs, a staff member shall align his/her personal development objectives with those of the department.

In cases of training in specialized subject areas and R&D skills faculty are expected to have communication with the organization/s where such trainings are available in order to furnish information pertaining to the duration, period (tentative date) and trainer organization, in the TNA proforma (this will essentially be helpful to HoD and Principal/Director in finalizing a Plan for deputing staff and faculty in a phased manner).

All staff members and faculty shall submit the duly filled-in TNA proforma indicating training needs along with their development objectives, to the HoD within three weeks.

4.4 HoD's shall review the department's individual filled-in TNA proforma, make an attempt to align the individual development aspirations with the department's objectives/priorities, and consolidate into a Departmental Training/Development Plan (Proforma-VIII), including HoD's own training/development needs.

HoDs shall submit within two weeks, the Departmental Training/Development Plan (Proforma-VIII) along with an Undertaking that the same is resulted from an actual needs analysis of the department, for Principal's/Director's approval.

4.5 Principal/Director will review all departments'/Sections' Training/Development Plans, make an attempt to align it with the Institution's objectives/priorities, and consolidate into an Institutional Training/Development Plan (Proforma-IX), including Principal's/Director's own training/development needs.

4.6 Principal/Director will recommend the Institutional Training/Development Plan (Proforma-IX) along with an Undertaking that the same is resulted from an actual Training Needs Analysis of the Institution, for BoG's or Competent Authority's approval.

5. Convergence of TNA :

The exercise of TNA at various levels finally converges into an Institutional Training/Development Plan, comprising a short term (upto three months) training/development plan and a long term (above three months) Training/Development Plan.

6. Proforma for TNA :

Various proforma are as follows:

TRAINING NEEDS ANALYSIS PROFORMA - I : FOR CLASS IV STAFF

Name of Department :

Name of the Staff Member :

Designation :

Employed since :

Age :

Highest Qualification :

A. Jobs being currently performed:

- 1)
- 2)
- 3)

B. Previous trainings, if undergone:

	Areas of training/development	Duration (Days)	When (Date)
1			
2			
3			

C. Indicate your desire for training/development:

	Areas of training/development	Duration (Days)	Convenient (tentative) Date
1			
2			
3			

Signature with date
(Name of the Staff Member)

TRAINING NEEDS ANALYSIS PROFORMA - II: FOR SUPPORT STAFF

Name of Department :

Name of the Staff Member :

Designation :

Employed since :

Age :

Highest Qualification :

Area of expertise, if any :

A. Jobs being currently performed:

- | | | | |
|---|-------|---|-------|
| 1 | | 4 | |
| 2 | | 5 | |
| 3 | | 6 | |

B. Previous trainings, if undergone during last two years:

	Areas of training/development	Duration (Days)	When (Date)
1			
2			
3			
4			

C. Your career development objectives:

- 1)
- 2)
- 3)

D. Indicate your desire for training/development:

	Areas of training/development	Duration (Days)	Convenient (tentative) Dates
1			
2			
3			
4			

Signature with date
(Name of the Support Staff Member)

TRAINING NEEDS ANALYSIS PROFORMA – III : FOR TECHNICAL STAFF

Name of Department :

Name of the Staff Member :

Designation :

Employed since :

Age :

Highest Qualification :

Area of expertise, if any :

A. Jobs being currently performed:

- | | |
|---------|---------|
| 1 | 4 |
| 2 | 5 |
| 3 | 6 |

B. Previous trainings, if undergone during last two years:

	Areas of training/development	Duration (Days)	When (Date)
1			
2			
3			
4			

C. Your career development objectives:

- 1)
- 2)
- 3)

D. Indicate your desire for training/development:

	Areas of training/development	Duration (Days)	Convenient (tentative) Dates
1			
2			
3			
4			

Signature with date
(Name of the Technical Staff Member)

**TRAINING NEEDS ANALYSIS PROFORMA - IV: FOR FACULTY
(INCLUDING AD-HOC AND CONTRACTUAL)**

Name of the Department :

Name of the Faculty Member :

Designation :

Employed since :

Nature of Employment : Regular/Ad-hoc/Contractual/Other :

Age :

Highest Qualification :

Area of expertise, if any :

A. Jobs being currently performed:

- | | |
|---------|---------|
| 1 | 5 |
| 2 | 6 |
| 3 | 7 |
| 4 | 8 |

B. Previous trainings, if undergone during last two years (Use additional sheet if required):

	Areas of training/development	Duration (Days)	When (Date)
1			
2			
3			
4			

C. Objectives / Priorities of the Department:

- | | |
|---------|---------|
| 1 | 4 |
| 2 | 5 |
| 3 | 6 |

D. Your career development objectives:

- 1).....
- 2).....
- 3).....

E. Indicate your desire for training/development (Use additional sheet if required):

	Areas of Training/ Development	Duration (Days)	Convenient (tentative) Dates	Trainer Organizations
1				
2				
3				
4				
5				

Signature with date
(Name of the Faculty)

TRAINING NEEDS ANALYSIS PROFORMA - V: FOR HoDS and DEANS

Name of the Department/School :

Name of the HoD/Dean :

Employed since :

Nature of Employment : Regular/Ad-hoc/Contractual/Other:

Age :

Highest Qualification :

Area of expertise, if any :

A. Jobs being currently performed:

- | | |
|---------|---------|
| 1 | 5 |
| 2 | 6 |
| 3 | 7 |
| 4 | 8 |

B. Previous trainings, if undergone, during last two years (Use additional sheet if required):

	Areas of training/development	Duration (Days)	When (Date)
1			
2			
3			
4			

C. Objectives / Priorities of the Institution:

- | | |
|---------|---------|
| 1 | 5 |
| 2 | 6 |
| 3 | 7 |

D. Your career development objectives:

- 1).....
- 2)
- 3)

E. Indicate your desire for training/development (Use additional sheet if required):

	Areas of Training/ Development	Duration (Days)	Convenient (tentative) Dates	Trainer Organizations
1				
2				
3				
4				
5				

Signature with date
(Name of the HoD/Dean)

**TRAINING NEEDS ANALYSIS FORMAT - VI: FOR ADMINISTRATIVE STAFF
(INCLUDING FINANCE PERSONNEL)**

Name of the Section :

Name of the Staff Member :

Designation :

Employed since :

Nature of Employment : Regular/Ad-hoc/Contractual/Other:

Age :

Highest Qualification :

Area of expertise, if any :

A. Jobs being currently performed:

- | | |
|---------|---------|
| 1 | 4 |
| 2 | 5 |
| 3 | 6 |

B. Previous trainings, if undergone, during last two years (Use additional sheet if required):

	Areas of training/development	Duration (Days)	When (Date)
1			
2			
3			

C. Objectives / Priorities of the Section:

- | | |
|---------|---------|
| 1 | 3 |
| 2 | 4 |

D. Your career development objectives:

- 1).....
- 2)
- 3)

E. Indicate your desire for training/development (Use additional sheet if required):

	Areas of Training/ Development	Duration (Days)	Convenient (tentative) Dates	Trainer Organizations
1				
2				
3				
4				
5				

Signature with date
(Name of the Administrative/Finance Staff Member)

TRAINING NEEDS ANALYSIS FORMAT - VII: FOR PRINCIPAL/DIRECTOR

Name of the Principal/Director :

Employed since :

Nature of Employment : Regular/Ad-hoc/Contractual/Other:

Age :

Highest Qualification :

Area of expertise, if any :

A. Jobs being currently performed:

- | | |
|---------|---------|
| 1 | 5 |
| 2 | 6 |
| 3 | 7 |
| 4 | 8 |

B. Previous trainings, if undergone, during last two years (Use additional sheet if required):

	Areas of training/development	Duration (Days)	When (Date)
1			
2			
3			
4			

C. Objectives / Priorities of the Institution:

- | | |
|---------|---------|
| 1 | 5 |
| 2 | 6 |
| 3 | 7 |

D. Your professional development objectives:

- 1)
- 2)
- 3)

E. Indicate your desire for training/development (Use additional sheet if required):

	Areas of Training/ Development	Duration (Days)	Convenient (tentative) Dates	Trainer Organizations
1				
2				
3				
4				
5				

Signature with date
(Name of the Principal/Director)

**TRAINING NEEDS ANALYSIS PROFORMA- VIII:
DEPARTMENTAL TRAINING/DEVELOPMENT PLAN**

Name of the Department/Section :

Name of the Head of Department/Section :

Note: i) Strike out whichever is not applicable. ii) Additional sheets may be used wherever required.

A. Details of previous training

i) Previous trainings the support staff has undergone in last two years:

	Names of support staff members	Areas of training/development	Duration (Days)	When (Date)
1				
2				
3				

ii) Previous trainings the technical staff has undergone in last two years:

	Names of technical staff members	Areas of training/development	Duration (Days)	When (Date)
1				
2				
3				

iii) Previous trainings the administrative and finance staff has undergone in last two years:

	Names of administrative/ finance staff members	Areas of training/development	Duration (Days)	When (Date)
1				
2				
3				

iv) Previous trainings the faculty has undergone in last two years:

	Names of support staff members	Areas of training/development	Duration (Days)	When (Date)
1				
2				
3				

v) Previous trainings the HoD/Dean has undergone in last two years:

Name of the HoD/Dean	Areas of training/development	Duration (Days)	When (Date)

B. Objectives / Priorities of the Institution:

- 1 4
- 2 5
- 3 6

C. Objectives / Priorities of the Department/Section:

- 1 4
- 2 5
- 3 6

D. Aligning the objectives/priorities of your Department/Section and Institution with those of the individual staff and faculty, identify the areas of training/development and suitable staff and faculty to be trained/developed.

i) Class IV Staff:

	Names of staff members	Areas of training/development	Duration (Days)	Convenient (tentative) dates	Trainer Organizations
1					
2					
3					

ii) Support Staff:

	Names of staff members	Areas of training/development	Duration (Days)	Convenient (tentative) dates	Trainer Organizations
1					
2					
3					

iii) Technical Staff:

	Names of staff members	Areas of training/development	Duration (Days)	Convenient (tentative) dates	Trainer Organizations
1					
2					
3					

iv) Administrative and Finance Staff:

	Names of staff members	Areas of training/development	Duration (Days)	Convenient (tentative) dates	Trainer Organizations
1					
2					
3					

v) Faculty:

	Names of faculty	Areas of training/development	Duration (Days)	Convenient (tentative) dates	Trainer Organizations
1					
2					
3					

v) HoD/Dean:

Names of staff	Areas of training/development	Duration (Days)	Convenient (tentative) dates	Trainer Organizations

UNDERTAKING

This is to certify that an actual Training Needs Analysis has been taken by the department's staff and faculty, and that the Department's training/development plan as described above is based on the felt-needs of the staff and faculty aligned with the Department's objectives and priorities.

Signature with date
(Name of the Head of the Department/Section)

**TRAINING NEEDS ANALYSIS PROFORMA- IX:
INSTITUTIONAL TRAINING/DEVEOPMENT PLAN**

Name of the Principal/Director :

A. Department/Section wise details of previous trainings

i) Previous trainings the support staff has undergone in last two years:

	Names of support staff members	Areas of training/ development	Duration (Days)	When (Date)
1				
2				
3				

ii) Previous trainings the technical staff has undergone in last two years:

	Names of technical staff members	Areas of training/ development	Duration (Days)	When (Date)
1				
2				
3				

iii) Previous trainings the administrative/finance staff has undergone in last two years:

	Names of administrative/ finance staff members	Areas of training/ development	Duration (Days)	When (Date)
1				
2				
3				

iv) Previous trainings the faculty has undergone in last two years:

	Names of faculty member	Areas of training/ development	Duration (Days)	When (Date)
1				
2				
3				

v) Previous trainings the HoD/Dean has undergone in last two years:

Name of the HoD/Dean	Areas of training/ development	Duration (Days)	When (Date)

B. Objectives / Priorities of the Institution:

- | | |
|---------|---------|
| 1 | 4 |
| 2 | 5 |
| 3 | 6 |

C. Aligning with the Institution's vision and mission, objectives and priorities, please list department / section wise areas wherein staff and faculty need training / development (additional seats may be used wherever required).

i) Short term (upto three months) training/development plan for Class IV Staff, Support/Technical/ Administrative/Finance Staff:

	Department/ Section	Areas of Training/ development	Names of suitable staff members for training/ development	Duration (Days)	Tentative dates of training/ development programme	Trainer Organizations
1						
2						
3						

D. Long term (above three months) training/development plan for Class IV Staff, Support/ Technical / Administrative/Finance Staff:

	Department/ Section	Area of Training/ development	Name of suitable staff member for training/ development	Duration (Days)	Tentative date of training/ development programme	Trainer Organizations
1						
2						
3						

E. Short term (upto three months) training/development plan for faculty:

	Department/ Section	Area of Training/ development	Name of suitable faculty for training/ development	Duration (Days)	Tentative date of training/ development programme	Trainer Organizations
1						
2						
3						

F. Long term (above three months) training/development plan for faculty:

	Department/ Section	Area of Training/ development	Name of suitable faculty for training/ development	Duration (Days)	Tentative date of training/ development programme	Trainer Organizations
1						
2						
3						

UNDERTAKING

This is to certify that an actual Training Needs Analysis has been taken by the Institution, and that the Institution's training/Development Plan as described above is based on the felt-needs of the concerned Departments/Sections aligned with the Institution's objectives and priorities.

Signature with date
(Name of the Principal/Director)