



Training Needs Assessment (TNA) Form for SMEs For the Year 2008-09

Name of Organization:	_____
Contact Person :	_____
Designation :	_____
Address :	_____
Tel: _____ Fax: _____ Email: _____	
Nature of Business :	_____

Instructions for filling out this form:

- Please use additional sheet(s) if required
- Please contact Regional SMEDA Offices (Karachi, Lahore, Peshawar Tel: 111-111-456 Quetta Tel: 831632) for any assistance in filling out the form.

1. Please tick sector relevant to your organization or business and indicate training needs in the tables given below

<input type="checkbox"/> Marble & Granite	<input type="checkbox"/> Gems & Jewellery	<input type="checkbox"/> Pharmaceuticals	<input type="checkbox"/> Citrus
<input type="checkbox"/> Dairy & Livestock	<input type="checkbox"/> Light Engineering	<input type="checkbox"/> Poultry	<input type="checkbox"/> Textile
<input type="checkbox"/> Agro Processing	<input type="checkbox"/> Fisheries	<input type="checkbox"/> Surgical	<input type="checkbox"/> Foundry
<input type="checkbox"/> Sports Goods	<input type="checkbox"/> Furniture	<input type="checkbox"/> Home Appliances	<input type="checkbox"/> Auto
<input type="checkbox"/> Leather	<input type="checkbox"/> Ceramics	<input type="checkbox"/> Electric Fan	<input type="checkbox"/> Chemicals & Plastics
<input type="checkbox"/> Transport	<input type="checkbox"/> Cutlery	<input type="checkbox"/> Horticulture	<input type="checkbox"/> Other(s)

2. Please indicate short duration Management & Professional (Including Legal, Financial & Marketing etc.) Training Programs:

Name / Title of the Training Program	Expected Participants from your Organization		Proposed	
	Level (Management/Supervisor)	Number	No. of Days	City
1.				
2.				
3.				
4.				
5.				



3. Please indicate short duration Technical Training Programs:

Name / Title of the Program	Expected Participants from your Organization		Proposed	
	Level (Technical/ Management/Supervisor)	Number	No. of Days	City
1.				
2.				
3.				
4.				
5.				

4. Please indicate short duration Agriculture Training Programs:

Name / Title of the Program	Expected Participants from your Organization		Proposed	
	Level	Number	No. of Days	City
1.				
2.				
3.				
4.				
5.				

4. Please suggest / recommend any improvements/innovations desired in the Training Programs;

- Training Methods : _____
- Training Partnerships: _____
- Any Other : _____

Please return the filled in form at the address given below before **May 31, 2008**

Training Services
 Small and Medium Enterprise Development Authority
 Ministry of Industries, Production & Special Initiatives
 Government of Pakistan
 8th Floor, LDA Plaza, Egerton Road, Lahore, Pakistan
 Tel # (042) 111-111-456 Fax # (042) 6304926-27
 Email: trng@smeda.org.pk Website: www.smeda.org.pk