

## Monthly Training Report Format

(To be submitted by each Department to VC Office)

### A. Department Information

- **School / Department:** \_\_\_\_\_
- **Reporting Month & Year:** \_\_\_\_\_
- **Training Coordinator Name & Contact:** \_\_\_\_\_

### B. Student Engagement for Training (Mobilization & Participation)

S. No.	Activity Conducted (Orientation/Meetings)	Date	No. of Calls Made	WhatsApp Messages Sent	Emails Sent	Special Mentoring/Meetings Held	Outcomes (extra students registered/attended)	Remarks
1								
2								

### C. Training Conducted – Type & Participation

S. No.	Training Type (CRT / Course-Linked / Product-Based)	Training Module / Topic	Trainer / Agency	Duration (Days/Hours)	Mode (Offline/Online)	Eligible Students	Registered Students	% Registration	If < 80%, Reasons	Students Attended	Completion %
1											
2											

### D. Quality & Preparedness Indicators

Indicator	Yes/No/Value	Remarks
Pre-training Assessment Done		
Post-training Assessment Done		
Certificates Awarded		
Linked to Mid/End Term Evaluation		
Feedback Collected from Students		

### E. Challenges & Corrective Actions

- **Challenges Faced** (e.g., low participation, certification dropouts, poor technical readiness)

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- **Corrective Actions Planned for Next Month** (e.g., remedial training, parent counselling, alumni talks, pre-assessments)

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## F. Summary Dashboard (for quick view)

- **Total Trainings Conducted:** \_\_\_\_\_
- **CRT Trainings:** \_\_\_\_\_
- **Course-Linked Trainings:** \_\_\_\_\_
- **Product-Based Trainings:** \_\_\_\_\_
- **Total Eligible Students:** \_\_\_\_\_
- **Total Registered:** \_\_\_\_\_
- **Registration %:** \_\_\_\_\_
- **Certifications Awarded:** \_\_\_\_\_

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### Signatures

#### Department Training Coordinator

Name: \_\_\_\_\_ | Signature: \_\_\_\_\_

#### Head of Department

Name: \_\_\_\_\_ | Signature: \_\_\_\_\_