



# MALABAR CANCER CENTRE

(an autonomous centre under Govt. of Kerala)

Thalassery, Kannur, Kerala PIN 670 103

## REPORT OF TRAINING ATTENDED

Name:

Designation :

Department :

### Training Details

Specialty of Training :

Duration of Training :

Date of starting training :

Date of completion of training:

Organizers of training :

Place of Training :

Was it self-initiated training? Yes/No

Was it initiated by the Department: Yes/No

Was initiated by the Hospital? Yes/No

What was the need for the current training?

Why were you selected for the training?

Indicate special areas of knowledge gained / acquired as a result of this training

1.

2

3

Indicate how this training will benefit Malabar Cancer Centre

1.

2.

Date of joining duty :

Certified that the information given above is true.

Date:

Signature of staff

**Remarks by the HOD/ Director:**

Do you think the staff has attained adequate training in the field? Yes/No

Do you think further training will be needed?

What are the future plans/changes planned in this area?

Date:

Signature of HOD

**Name****Designation****Name of Training****Dates Training****From:****To:****Duration of Stay****From:****To:****Training Venue*****Registration & Transport details ( Attach all originals)***

Registration fees :

Mode of transport :

Expense for onward journey :

Expense for return journey :

Duration of stay :

Total expense for stay :

Date of joining duty :

Certified that the information given above is true.

Date:

Signature of Applicant

Academic Council Recommendation

Whether request submitted in time?

Whether it was initiated by the department /MCC?

Whether recommended by Academic Council?

Recommended for: 1. Duty leave alone

2. Duty leave and full expenses

Signature of Secretary of Academic Council

Signature of Chairman of Academic Council