



## Training Needs Assessment (TNA) Form for SMEs, 2011 -12

### 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: 2831623) for any assistance in filling out the form.

<b>Name of Organization:</b>	_____
<b>Contact Person</b> :	_____
<b>Designation</b> :	_____
<b>Address</b> :	_____
<b>Tel:</b> _____ <b>Fax:</b> _____ <b>Email:</b> _____	
<b>Nature of Business</b> :	_____

**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 **June 20, 2011**

**Training Services**  
 Small and Medium Enterprises Development Authority  
 Ministry of Industries & Production  
 Government of Pakistan  
 8<sup>th</sup> Floor, LDA Plaza, Egerton Road, Lahore, Pakistan  
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 Email: [trng@smeda.org.pk](mailto:trng@smeda.org.pk) Website: [www.smeda.org.pk](http://www.smeda.org.pk)