



## Training Needs Assessment (TNA) Form for SMEs

**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 and Quetta Tel: 081- 2831623) for any assistance required 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> :	_____
<b>Date</b> :	_____

**Please tick sector relevant to your organization or business and indicate training needs in the table(s) given below**

<input type="checkbox"/> Horticulture	<input type="checkbox"/> Construction
<input type="checkbox"/> Textiles	<input type="checkbox"/> Dairy & Livestock
<input type="checkbox"/> Leather	<input type="checkbox"/> Fisheries
<input type="checkbox"/> Logistics	<input type="checkbox"/> Tourism - Small & Medium Clusters
<input type="checkbox"/> Gems & Jewellery	<input type="checkbox"/> ICT
<input type="checkbox"/> Mines & Minerals	<input type="checkbox"/> Energy
<input type="checkbox"/> Engineering	<input type="checkbox"/> Ceramics
<input type="checkbox"/> Furniture	<input type="checkbox"/> Chemicals & Plastics
<input type="checkbox"/> Cutlery	<input type="checkbox"/> Home Appliances
<input type="checkbox"/> Agro-Processing	<input type="checkbox"/> Sports Goods
<input type="checkbox"/> Electric Fans	<input type="checkbox"/> Auto Industry
<input type="checkbox"/> Citrus	<input type="checkbox"/> Foundry
<input type="checkbox"/> Surgical	<input type="checkbox"/> Poultry
<input type="checkbox"/> Pharmaceuticals	<input type="checkbox"/> Other(s)



**1. Please indicate Title of short duration Management Training Program(s):**

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

**Please indicate Title of short duration Technical Training Program(s):**

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

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

- Training Methods : \_\_\_\_\_
- Training Partnerships: \_\_\_\_\_
- Any Other : \_\_\_\_\_

**Please return the form at the address given below**  
**Training Services**  
 Small and Medium Enterprises Development Authority  
 Ministry of Industries & Production, Government of Pakistan,  
 4<sup>th</sup> Floor, Aiwan – e – Iqbal Complex, Building # 3, Egerton Road, Lahore, Pakistan  
 Tel # (042) 111-111-456 Fax # (042) 36304926-27 Website: [www.smeda.org.pk](http://www.smeda.org.pk)