

Partner Logo

Sector Skill
Council Logo

Training Delivery Plan

Program Name:							
Qualification Pack Name & Ref. ID							
Version No.					Version Update Date		
Pre-requisites to Training (if any)							
Training Outcomes	By the end of this program, the participants will be able to:						
	1						
	2						
	3						
	"						
.							
S.No.	Module Name	Session Name	Session Objectives	NOS Reference	Methodology	Training Tools/Aids	Duration (hours)
Total Duration							<<Total Duration>>