

**GOVERNMENT OF TELANGANA
DEPARTMENT OF TECHNICAL EDUCATION**

Cir. Memo. No. T1/11195/ 2015

Dt: -14-04-2017

Sub:- TECHNICAL EDUCATION – The Training Programme on
“Personal Effectiveness Skills” Scheduled from
24.04.2017 to 26.04.2017 Nominations called
for Dr. MCRHRDI, Hyderabad – Reg.

Ref:- Lr. No. T2/231/CMBS/Dr.OVS (State)2017, Dt: 21.03.2017,
received from Dr. MCRHRDI, Hyderabad.

In this connection, it is submitted that the Secretary SBTET, RJD Hyderabad and all the Principals of Govt. Polytechnics of Telangana state are hereby informed that Dr. MCRHRDI, Hyderabad is conducting Training Programme on **“Personal Effectiveness Skills”** Scheduled from **24.04.2017 to 26.04.2017**. They have requested to circulate the same among the Gazetted officers and above send nominations for the training programme, of those who are interested and have not undergone this programme earlier in the proforma enclosed office to take further action in the matter. They may send the nomination to adtrg.ts@gmail.com on or before 17.04.2017 order to submit for Dr. MCRHRDI, Hyderabad.

Encl: As above

Sd/- A. VANI PRASAD
COMMISSIONER

To

The Principals of All Govt. Polytechnics under control
of Department of Technical Education.

Copy to Secretary, SBTET, TS, Hyderabad.

Copy to RJD of Technical Education, Hyderabad.

Copy to Stock File / Spare.

//F.B.O//

Agwined
SUPERINTENDENT
15/4/2017
51817

NOMINATION FORM

1. Programme title : Training Programme on
"Personal Effectiveness Skills"
2. Name of the Institute : DR. MCR HRD INSTITUTE
3. Venue : Dr MCR HRD Institute, Road No.25
Jubilee Hills, Hyderabad 500 033
4. Programme Date : 24 - 26 April, 2017

5. Name of the Candidate :
(in Capital letters)

6. SC/ST/OBC/OTHERS:

7. Date of Birth:

8. Designation:

9. Pay Scale:

10. Basic Pay:

11. Academic Qualification:

12. Professional Qualification:

13. Address for Communication:

14. Requirement for Accommodation:

FAX No:

Phone No (O):

Mobile No:

Email:

Brief description of duties of the officer:

SIGNATURE OF THE CANDIDATE

TO BE FILLED IN BY THE SPONSORING AUTHORITY:

Certified that:

- The particulars given above are correct
- Due care has been taken of the training needs of the officer nominated with reference to his present/future duties viz-a-viz the contents of the course
- The officer, if selected, will be relieved on full-time basis for attending the programme

ADDRESS FOR COMMUNICATION TO SPONSORING ORGANISATION

PIN:

PHONE:

FAX:

Signature of the sponsoring Authority with Seal)

Ref. No. of
Sponsoring Authority

Place:

Date: