

**GOVERNMENT OF TELANGANA**

**OFFICE OF THE  
COMMISSIONER OF TECHNICAL EDUCATION  
TELANGANA :: HYDERABAD**

Cir. Memo. No. T1/11195/ 2015

Dt:-22-01-2018

Sub:- TECHNICAL EDUCATION – The Training Programme on  
“**Gender Budgeting for Women Empowerment**” Scheduled  
from **06.02.2018 to 08.02.2018 (03 Days)**-Nominations  
called for by Dr. MCRHRDI, Hyderabad – Reg.

Ref:- Lr. No. 951/CSDGS/2017-18, Dt: 18.01.2018 of the Director  
General & E.O. Spl. CS to Govt. (FAC), Dr. MCRHRDI, Hyderabad  
received through mail.

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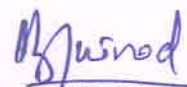
With reference to above letter cited, the Secretary SBTET, RJD(TE) Hyderabad and all the Principals of Govt. Polytechnics of Telangana state are hereby informed that Dr. MCRHRDI, Hyderabad is conducting Training Programme on “**Gender Budgeting for Women Empowerment**” Scheduled from **06.02.2018 to 08.02.2018 (03 Days)**. They are requested to circulate the same among employees working in Gender Budget cell of the Department or Senior / Middle Level Officers from Planning, Policy, Coordination and Budget & Accounts Division and forward nominations of interested employees in the proforma enclosed to this office to take further action in the matter. They may send the nomination to [adtrg.ts@gmail.com](mailto:adtrg.ts@gmail.com) on or before 25<sup>th</sup> January 2018 in order to submit to Dr. MCRHRDI, Hyderabad before 27<sup>th</sup> January 2018.

Encl: Annexure I & II

Sd/- Navin Mittal  
COMMISSIONER

To  
The Principals of All Govt. Polytechnics under control  
of Department of Technical Education.  
Copy to Secretary, SBTET, TS, Hyderabad.  
Copy to RJD (TE), TS, Hyderabad.  
Copy to All Sections in CTE, TS, Hyderabad.  
Copy to Stock File / Spare.

//F.B.O.//

  
SUPERINTENDENT  
23/01/18

Dr.MCR HRD INSTITUTE  
Road No.25, Jubilee Hills, Hyderabad-500 033.

| <b>Annexure-I</b>                   |  |
|-------------------------------------|--|
| Programme Title                     | : Training Workshop on<br>"Gender Budgeting for Women Empowerment"   |
| Venue                               | : Dr. MCR Human Resource Development<br>Institute, Road No.25 Jubilee Hills,<br>Hyderabad – 500 033<br>Fax : 23557584  |
| Duration                            | : Three Day  |
| Dates                               | : 06.02.2018 to 08.02.2018   |
| Aim                                 | : To facilitate participants to analyze existing budgets of<br>organisation with a gender perspective and suggest measures<br>to improve gender equality.  |
| Methodology                         | : Classroom, Interactive Session, Group Exercises and Case<br>Studies  |
| Level and type of Participants      | : Employees working in Gender Budget cell of the Department of<br>Senior / Middle Level Officers from Planning, Policy,<br>Coordination, Budget & Accounts<br>Division.  |
| Last date of receipt of Nominations | : 27.01.2018   |
| Name of the Course Director         | Contact Address  |
| Divya Parmar IES<br>Director CSDGs  | : Dr. MCR HRD I<br>Road No.25, Jubilee Hills<br>Hyderabad - 500 169<br>Phone No: 23543727, Ex:249<br>Mobile : 9989436330<br>Fax: 040 - 23557584,<br>Email : <a href="mailto:divyaparmar@mcrhrdi.gov.in">divyaparmar@mcrhrdi.gov.in</a> |

Dr.MCR HRD INSTITUTE  
Road No.25, Jubilee Hills, Hyderabad-500 033.

Annexure-II  
Nomination Form

| S.No.  | Item   | Details |
|--|--|---------|
| 1  | Name of the officer nominated  |         |
| 2  | Date of Birth  |         |
| 3  | Designation in present post  |         |
| 4  | Cadre  |         |
| 5  | Academic qualifications  |         |
| 6  | Professional qualifications  |         |
| 7  | Whether hostel accommodation required? (Y/N)   |         |
| <b>To be filled by the sponsoring authority</b>              |  |         |
| Certified that   |  |         |
| a)   | The particulars given above are correct  |         |
| b)   | Due care has been taken about the training needs of the officer nominated with reference to his/her present/future duties vis-à-vis contents of the course |         |
| c)   | The officer, if nomination is confirmed, will be relieved on full time basis to attend the training programme.   |         |
| <b>Address for communication to the Nominating authority</b> |  |         |
|  | Name   |         |
|  | Full postal Address  |         |
|  | Landline No.   |         |
|  | Mobile No.   |         |
|  | E-mail ID  |         |
| Signature of Nominating Authority with Seal                  |  |         |
|  | Reference No. of the Nominating authority  |         |