

**GOVERNMENT OF TELANGANA**

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

Cir. Memo. No. T1/11195/2015

Dt:-22-02-2018

Sub:- TECHNICAL EDUCATION –Training Programme on "**Personal Effectiveness Skills**" from **05.03.2018 to 07.03.2018 (03 Days)**- Nominations called for by Dr. MCRHRDI, Hyderabad – Reg.

Ref:- Lr. No. T2/409/MDC/Dr.BLN(GoI)/2017, Dt: 09.02.2018 of the Director General & E.O. Spl. CS to Govt., Dr. MCRHRDI, Hyderabad received through mail.

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With reference to subject 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 "**Personal Effectiveness Skills**" from **05.03.2018 to 07.03.2018 (03 Days)**. They are requested to circulate the same among Gazetted Officers and above and forward nominations of interested officers 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 24<sup>th</sup> February 2018 in order to submit to Dr. MCRHRDI, Hyderabad before 26<sup>th</sup> February 2018.

Encl: Annexure I & II

Sd/- NAVIN MITTAL  
COMMISSIONER

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

//F.B.O.//

*Agined*  
SUPERINTENDENT

**Annexure-I**

|  |   |   |
|--|---|---|
| <b>Programme Title</b>                     | : | <b>Training Programme on<br/>"Personal Effectiveness Skills"</b>  |
| <b>Venue</b>                               | : | <b>Dr. MCR HRD Institute of Telangana,<br/>Road No.25, Jubilee Hills,<br/>Hyderabad – 500 033, Fax : 2355 7584</b>  |
| <b>Duration</b>                            | : | <b>3 days</b>   |
| <b>Dates</b>                               | : | <b>05.03.2018 to 07.03.2018</b>   |
| <b>Aim</b>                                 | : | <ul style="list-style-type: none"><li>▪ Describe the Personal effectiveness-<br/>analyze one's strengths and weakness</li><li>▪ Able to set goals, manage time and<br/>improve performance through personal<br/>effectiveness</li><li>▪ Effectively communicate and have better<br/>Team work in Day to Day Administration</li></ul>    |
| <b>Level and type of Participants</b>      | : | <b>Gazetted Officers and above</b>  |
| <b>Last date of receipt of Nominations</b> | : | <b>26<sup>th</sup> February, 2018</b>   |
| <b>Name of the Course Coordinator</b>      | : | <b>Dr. B. Laxmi Narayana</b>  |
| <b>Contact Address</b>                     | : | <b>Management Development Centre (MDC)<br/>Dr. MCR HRD Institute of Telangana,<br/>Road No.25 Jubilee Hills, Hyderabad 500 033</b><br><b>M: 7032888123</b><br><b>Email: <a href="mailto:laxminarayanab@mcrhrdi.gov.in">laxminarayanab@mcrhrdi.gov.in</a><br/><a href="mailto:laxminarayanab@yahoo.com">laxminarayanab@yahoo.com</a></b> |

## NOMINATION FORM

|    |   |   |  |
|----|---|---|--|
| 1  | Programme Title                               | : | Training Programme on<br>"Personal Effectiveness Skills"       |
| 2  | Name of the Institute                         | : | Dr. MCR HRD IT   |
| 3  | Venue   | : | Dr. MCR HRD IT, Road No.25<br>Jubilee Hills, Hyderabad-500 033 |
| 4  | Programme Dates                               | : | 05.03.2018 to 07.03.2018                                       |
| 5  | Name of the Candidate<br>(in Capital Letters) | : |  |
| 6  | Mobile No.                                    | : |  |
| 7  | SC/ST/OBC/Others                              | : |  |
| 8  | Date of Birth                                 | : |  |
| 9  | Designation                                   | : |  |
| 10 | Pay Scale                                     | : |  |
| 11 | Basic Pay                                     | : |  |
| 12 | Academic Qualifications                       | : |  |
| 13 | Professional Qualification                    | : |  |
| 14 | Address for Communication:                    | : |  |
| 15 | Brief description of duties of the<br>officer | : |  |
|    |   |   | SIGNATURE OF THE CANDIDATE                                     |

**TO BE FILLED IN BY THE SPONSORING AUTHORITY**

Certified that:

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

**ADDRESS FOR COMMUNICATION TO THE SPONSORING ORGANIZATION**

**PIN:**            **PHONE(O)**            **FAX:**            **EMAIL:**

(Signature of the Sponsoring authority with Seal)

Ref. No. of Sponsoring Authority

Place &amp; Date