

**GOVERNMENT OF TELANGANA**  
**DEPARTMENT OF TECHNICAL EDUCATION**

Cir. Memo. No. T1/11195/ 2015

Dt:-16/08/2016

Sub:- TECHNICAL EDUCATION – The Training Programme on  
“**Conflict Management**” Scheduled from **13.09.2016** to  
**15.09.2016** Nominations called for Dr. MCRHRDI,  
Hyderabad – Reg.

Ref:- Lr. No. T2/CMBS/OVS/525/2016, Dt: 26.07.2016, received  
From Dr. MCRHRDI, Hyderabad.

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In this connection, Secretary SBTET, RJD, and the all the Principals of Govt. Polytechnics of Telangana state are hereby informed that Dr. MCRHRDI, Hyderabad is conducting Training Programme on “**Conflict Management**” from **13.09.2016** to **15.09.2016**. They have requested to circulate the same among the Senior officers (Assistant Directors / Deputy Directors / Joint Directors / Senior Faculty members/ Vice Principals / Principals or their Equivalent officers) and 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](mailto:adtrg.ts@gmail.com) on or before 22.08.2016 in order to submit for Dr. MCRHRDI, Hyderabad.

Encl: As above

Sd/- Dr. M.V.REDDY  
DIRECTOR

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.

Copy to Office of the DTE, TS, Hyderabad.

Copy to Stock File / Spare.

//F.B.O.//

  
SUPERINTENDENT  
17/08/16

**NOMINATION FORM**

1. Programme title : Training Programme on  
"Conflict Management"
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 : 13 – 15 September 2016
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

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**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 viz-a-viz the contents of the course
- c. The officer, if selected, will be relieved on full-time basis for attending the programme

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**ADDRESS FOR COMMUNICATION TO SPONSORING ORGANISATION**

**PIN:**

**PHONE:**

**FAX:**

Signature of the sponsoring Authority with Seal)

Ref. No. of  
Sponsoring Authority  
Place:  
Date: