GOVERNMENT OF TELANGANA
DEPARTMENT OF TECHNICAL EDUCATION

Cir. Memo. No. T1/11195/2015

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.

*****

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
adtrq.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
17/08/2016
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

---------------------------------------------------------------------
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

---------------------------------------------------------------------
ADDRESS FOR COMMUNICATION TO SPONSORING ORGANISATION

PIN: PHONE: FAX:

Ref. No. of Sponsoring Authority
Place:
Date:

Signature of the sponsoring Authority with Seal)