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

Cir. Memo. No. T1/11195/ 2015

Dt: 25-01-2017

Sub:- TECHNICAL EDUCATION – The Training Programme on
"Basic Computer Training on MS-office" Scheduled from
30.01.2017 to 11.02.2017 Nominations called for
Dr. MCRHRDI, Hyderabad – Reg.

Ref:- Lr.No.T2/CIT/KRS/646/2016, Dt: 22-12-2016 received from
Dr. MCRHRDI, Hyderabad.

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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 “Basic Computer Training on MS-office” Scheduled from
30.01.2017 to 11.02.2017 (13 Days) only for Non-Teaching staff. They
have requested to send nominations for the above training programmes,
from those interested and have not undergone this programme earlier in the
proforma enclosed to this office to take further action in the matter. They
may send the nominations to adtrq.ts@gmail.com send immediately on or
before 28.01.2017.

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//

SUPERINTENDENT
Dr. MCR Human Resource Development Institute, Hyderabad
(An Institution included under Schedule – X of the A.P. Reorganisation Act 2014)
(http://www.mcrhrdi.gov.in)

NOMINATION FORM

1. Programme Name:
   (Mention the Programme for which Nomination is being sent)

2. Programme Date From: To:

3. Name of the Candidate:
   (Capital letters)

4. Designation:

5. Department:

6. Date of Birth:

7. SC/ST/OBC/Others:

8. Basic Pay/Scale of Pay:

9. Academic Qualifications & Professional Qualifications:

10. No. of Years of Service in Govt.,

11. Experience Profile:

12. Address for Communication (Office):

Fax(O): Phone No.(O) (Mobile No.) (Email-ID)

Signature of the Candidate

TO BE FILLED IN BY THE NOMINATING AUTHORITY TO RECEIVE CONFIRMATIONS (Mandatory)

1) Name:
2) Address:
3) Office Phone No:
4) Fax No:
5) Email-ID:

Certified that:

a. The Particulars given above are correct
b. Due care has been taken of the training needs of the office 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

Signature of the Nominating Authority with Seal