GOVERNMENT OF TELANGANA  
DEPARTMENT OF TECHNICAL EDUCATION

Cir. Memo. No. T1/11195/2015  
Dt:-14-04-2017

Sub:- TECHNICAL EDUCATION – The Training Programme on  
“Personal Effectiveness Skills” Scheduled from  
24.04.2017 to 26.04.2017  
Nominations called for Dr. MCRHRDI, Hyderabad – Reg.

Ref:- Lr. No. T2/231/CMBS/Dr.OVS (State)2017, Dt: 21.03.2017,  
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 “Personal Effectiveness Skills” Scheduled from  
24.04.2017 to 26.04.2017. They have requested to circulate the same  
among the Gazetted officers and above 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 on  
or before 17.04.2017 order to submit for Dr. MCRHRDI, Hyderabad.

Encl: As above

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
15.4.2017
NOMINATION FORM

1. Programme title : Training Programme on “Personal Effectiveness Skills”

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 : 24 - 26 April, 2017

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)