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**GOVERNMENT OF TELANGANA  
DEPARTMENT OF TECHNICAL EDUCATION**

Cir. Memo. No. T1/11195/ 2015

Dt:13-05-2017

Sub:- TECHNICAL EDUCATION – The Training Programme on  
**“Sensitization on e- Governance Project Life Cycle (eGLC)  
from 05.06.2017 to 07.06.2017 , “Communication and  
Presentation Skills” from 06.06.2017 to 08.06.2017  
and “Change management” from 21.06.2017 to  
23.06.2017** Nominations called for Dr. MCRHRDI, Hyderabad  
– Reg.

Ref:- 1. Lr. No. T2/394/CIT/SA/(GOI)/2017, Dt: 22-04-2017 received  
from Dr. MCRHRDI, Hyderabad  
2. Lr. No. T2/348/CMBS/Dr.NS(State)/2017, Dt: 19-04-2017  
received from Dr. MCRHRDI, Hyderabad.  
3. Lr. No. T2/364/CMBS/Dr.NS(State)/2017, Dt: 20-04-2017  
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 Programmers is below.

S. No.	Name of Course	Duration	Last date for submission of nominations	Name of the Course coordinator	Level and type of Participants
1	Sensitization on e-Governance Project Life Cycle (eGLC)	05.06.2017 to 07.06.2017 (03 Days)	20-05-2017	Smt. Sridevi Ayaluri	Gazetted officers and above
2	Communication and Presentation Skills	06.06.2017 to 08.06.2017 (03 Days)	29-05-2017	Dr. N. Srilakshmi	Gazetted officers and above
3	Change Management	21.06.2017 to 23.06.2017 (03 Days)	12-06-2017	Dr. N. Srilakshmi	Gazetted officers and above

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](mailto:adtrg.ts@gmail.com).

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.  
Copy to Stock File / Spare.

//F.B.O.//

*R. J. V. Prasad*  
SUPERINTENDENT  
15/05/17

Annexure - I

Programme Title : Training Programme on “Sensitization on e-Governance Project Life Cycle (eGLC)” GOI

Venue : Dr MCR HRD Institute, Road No.25 Jubilee Hills, Hyderabad 500 033

Duration : 3-Days  
05-06-2017 to 07-06-2017

Aim : To sensitize the participants on nuances of various components of e-Governance project life cycle, to make them aware of the key phases, the importance of proper planning on “People, Process, Technology and Resources” while designing and implementing an e-Governance project.

Level and type of participant : Gazetted Officers and above

Methodology : Lecture, Group activities / Discussions, Interactions, Exercises & Video Clips.

Last date of receipt of Nominations : 20th May, 2017

The list of nominations to be sent to : **Smt. Sridevi Ayaluri**, General Manager(IT), CIT  
Dr. MCR HRD Institute,  
Road No.25 Jubilee Hills, Hyderabad 500 033  
M: 9248032098/ Extn: 189/150  
Email: cit@mcrhrdi.gov.in



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Dr. MCR Human Resource Development Institute, Hyderabad  
Government of Telangana  
(<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

Annexure - I

- Programme Title : Training Programme on  
"Communication and Presentation Skills"
- Venue : Dr MCR HRD Institute, Road No.25  
Jubilee Hills, Hyderabad 500 033
- Duration : 3-Days  
6.6.2017 to 8.6.2017
- Aim : To develop awareness of the role and importance of  
communication skills and presentation skills in achieving  
excellence at work place
- Level and type of participant : Gazetted Officers and above
- Methodology : Lecture, Group activities / Discussions, Interactions,  
Psychological instruments, Exercises & Films
- Last date of receipt of Nominations : 29<sup>th</sup> May, 2017
- The list of nominations to be sent to : Dr. N.Srilakshmi, Professor & Centre Head, CMBS,  
Dr. MCR HRD Institute,  
Road No.25 Jubilee Hills, Hyderabad 500 033  
M: 9391010682  
Email: nadimpallisrilakshmi@mcrhrdi.gov.in

## NOMINATION FORM

1. Programme title : Training Programme on  
"Communication and Presentation 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 Dates : 6.6.2017 to 8.6.2017

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:

- The particulars given above are correct
- 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
- 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



Annexure – I

- Programme Title : Training Programme on  
“Change Management”
- Venue : Dr MCR HRD Institute, Road No.25  
Jubilee Hills, Hyderabad 500 033
- Duration : 3-Days  
21.6.2017 to 23.6.2017
- Aim : The aim of the Program is to develop awareness of how  
to lead and navigate change for excellence in  
implementing new initiatives and programs of respective  
departments for pro-poor service delivery.
- Level and type of participant : Gazetted Officers and above
- Methodology : Lecture, Group activities / Discussions, Interactions,  
Psychological instruments, Exercises & Films
- Last date of receipt of  
Nominations : 12<sup>th</sup> June, 2017
- The list of nominations  
to be sent to : Dr. N.Srilakshmi, Professor & Centre Head, CMBS,  
Dr. MCR HRD Institute,  
Road No.25 Jubilee Hills, Hyderabad 500 033  
M: 9391010682  
Email: nadimpallisrilakshmi@mchrddi.gov.in

## NOMINATION FORM

1. Programme title : Training Programme on  
"Change 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 Dates : 21.6.2017 to 23.6.2017
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

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

Certified that:

- The particulars given above are correct
- 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
- 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: