GOVERNMENT OF TELANGANA
DEPARTMENT OF TECHNICAL EDUCATION

Cir. Memo. No. T1/11195/ 2015 Dt:08-07-2017

Sub:- TECHNICAL EDUCATION – The Various Training Programmes conducting by Dr. MCRHRDI, Hyderabad Nomination called for - Reg.

Ref:- 1. Lr. No. T2/COMSP/SVR/532/2017, Dt: 12-06-2017 received from Dr. MCRHRDI, Hyderabad.
2. Lr. No. T2/CIT/SA/522/2017-1, Dt: 19-06-2017, received from Dr. MCRHRDI, Hyderabad.
3. Lr. No. T2/401/CMBS/Dr.NS(GoI)/2017/, Dt: 15-06-2017, received from Dr. MCRHRDI, Hyderabad.
4. Lr. No. T2/COMSP/GL/541/2017, Dt: 12-06-2017, received from Dr. MCRHRDI, Hyderabad.

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With reference to subject and references cited, the Secretary, SBTET, Telangana, RJD (TE), Hyderabad & all the Principals of Govt. Polytechnics of Telangana state are hereby informed that the Dr. MCRHRDI, Hyderabad is conducting various Training Programmes as shown below.

<table>
<thead>
<tr>
<th>S. No.</th>
<th>Name of Course</th>
<th>Duration</th>
<th>Last date for submission of nominations</th>
<th>Name of the Course coordinator</th>
<th>Level and type of Participants</th>
</tr>
</thead>
<tbody>
<tr>
<td>3</td>
<td>Change Management</td>
<td>29-08-2017 to 31-08-2017 (03 Days)</td>
<td>17-08-2017</td>
<td>Dr. N. Srilakshmi</td>
<td>Gazetted Officers and above / Superintendent</td>
</tr>
<tr>
<td>4</td>
<td>Drafting Para-Wise Remarks in court Cases</td>
<td>28-08-2017 to 30-08-2017 (03 Days)</td>
<td>19-08-2017</td>
<td>Dr. G. Lakshmi</td>
<td>Gazetted officers</td>
</tr>
</tbody>
</table>
In this connection all the above are requested to circulate the same among the Gazetted Officers and above / Superintendents and submit the nominations for the above training programmes, of those who are interested and have not undergone this programme earlier in the enclosed proforma to this office to take further action in the matter. They may send the nomination to adtrg.ts@gmail.com.
Encl: As above

Sd/- A. VANÍ 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 (TE), Hyderabad.
Copy to Stock File / Spare.

//F.B.O.//

SUPERINTENDENT
### ANNEXURE – II
#### NOMINATION FORM

<table>
<thead>
<tr>
<th>1. Programme Title</th>
<th>Orientation Training Programme on DOM to Heads of Offices above Superintendent Cadre / Mandal Level / Divisional Level / Doctors of DDOs / Managers</th>
</tr>
</thead>
<tbody>
<tr>
<td>2. Name of the Institute</td>
<td>Dr. MCR HRD I T</td>
</tr>
<tr>
<td>3. Venue</td>
<td>Dr. MCR HRD I T, Road No.25, Jubilee Hills, Hyderabad-500 033</td>
</tr>
<tr>
<td>4. Programme Dates</td>
<td>From 20.07.2017 to 22.07.2017</td>
</tr>
<tr>
<td>5. Name of the Candidate: (in Capital Letters)</td>
<td></td>
</tr>
<tr>
<td>7. SC/ST/OBC/Others:</td>
<td></td>
</tr>
<tr>
<td>8. Date of Birth:</td>
<td></td>
</tr>
<tr>
<td>9. Designation:</td>
<td></td>
</tr>
<tr>
<td>10. Pay Scale:</td>
<td></td>
</tr>
<tr>
<td>11. Basic Pay:</td>
<td></td>
</tr>
<tr>
<td>12. Academic Qualifications:</td>
<td></td>
</tr>
<tr>
<td>13. Professional Qualification:</td>
<td></td>
</tr>
<tr>
<td>14. Address for Communication:</td>
<td></td>
</tr>
<tr>
<td>15. Brief description of duties of the officer</td>
<td></td>
</tr>
</tbody>
</table>

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
© The Officer, if selected, will be relieved on full time basis for attending the programme

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**ADDRESS FOR COMMUNICATION TO THE SPONSORING ORGANIZATION**

<table>
<thead>
<tr>
<th>PIN:</th>
<th>PHONE(O):</th>
<th>FAX:</th>
<th>EMAIL:</th>
</tr>
</thead>
</table>

(Signature of the Sponsoring authority with Seal)

Ref. No. of Sponsoring Authority

Place & Date
Dr. MCR Human Resource Development Institute, Hyderabad
Government of Telangana
(http://www.mcrhrdi.gov.in)

NOMINATION FORM

1. Programme Name: e-Governance project life cycle - case study
   (Mention the Programme for which Nomination is being sent)

2. Programme Date From: 24-07-2017 To: 28-07-2017 (3 Days)

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
NOMINATION FORM

1. Programme title: Training Programme on “Change Management”

2. Name of the Institute: DR. MCR HRD INSTITUTE OF TELANGANA

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


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: 

Signature of the sponsoring Authority with Seal)

Ref. No. of Sponsoring Authority
Place:
Date:
| **ANNEXURE – II**  
| **NOMINATION FORM**  |
| --- | --- |
| **1. Programme Title** | Training Programme on Drafting Para-wise Remarks in Court Cases |
| **2. Name of the Institute** | Dr. MCR HRD I T |
| **3. Venue** | Dr. MCR HRD I T, Road No.25 Jubilee Hills, Hyderabad-500 033 |
| **4. Programme Dates** | From 28.08.2017 to 30.08.2017 |
| **5. Name of the Candidate:**  
*(in Capital Letters)* |  |
| **6. Mobile No.** |  |
| **7. SC/ST/OBC/Others:** |  |
| **8. Date of Birth:** |  |
| **9. Designation:** |  |
| **10. Pay Scale:** |  |
| **11. Basic Pay:** |  |
| **12. Academic Qualifications:** |  |
| **13. Professional Qualification:** |  |
| **14. Address for Communication:** |  |
| **15. Brief description of duties of the officer** |  |

**SIGNATURE OF THE CANDIDATE**

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(Signature of the Sponsoring authority with Seal)

Ref. No. of Sponsoring Authority

Place & Date