GOVERNMENT OF TELANGANA
DEPARTMENT OF TECHNICAL EDUCATION


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.

<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>1</td>
<td>Sensitization on e-Governance Project Life Cycle (eGLC)</td>
<td>05.06.2017 to 07.06.2017 (03 Days)</td>
<td>20-05-2017</td>
<td>Smt. Sridevi Ayaluri</td>
<td>Gazetted officers and above</td>
</tr>
<tr>
<td>2</td>
<td>Communication and Presentation Skills</td>
<td>06.06.2017 to 08.06.2017 (03 Days)</td>
<td>29-05-2017</td>
<td>Dr. N. Srilakshmi</td>
<td>Gazetted officers and above</td>
</tr>
<tr>
<td>3</td>
<td>Change Management</td>
<td>21.06.2017 to 23.06.2017 (03 Days)</td>
<td>12-06-2017</td>
<td>Dr. N. Srilakshmi</td>
<td>Gazetted officers and above</td>
</tr>
</tbody>
</table>

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.

Encl: As above

Sd/- A. VANIN 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.//
<table>
<thead>
<tr>
<th>Programme Title</th>
<th>Training Programme on “Sensitization on e-Governance Project Life Cycle (eGLC)” GOI</th>
</tr>
</thead>
<tbody>
<tr>
<td>Venue</td>
<td>Dr MCR HRD Institute, Road No. 25 Jubilee Hills, Hyderabad 500 033</td>
</tr>
<tr>
<td>Duration</td>
<td>3-Days</td>
</tr>
<tr>
<td></td>
<td>05-06-2017 to 07-06-2017</td>
</tr>
<tr>
<td>Aim</td>
<td>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.</td>
</tr>
<tr>
<td>Level and type of participant</td>
<td>Gazetted Officers and above</td>
</tr>
<tr>
<td>Methodology</td>
<td>Lecture, Group activities, Discussions, Interactions, Exercises &amp; Video Clips.</td>
</tr>
<tr>
<td>Last date of receipt of Nominations</td>
<td>05-06-2017</td>
</tr>
<tr>
<td>The list of nominations to be sent to</td>
<td>Smt. Sridevi Ayaluri, General Manager(TT), CII Dr. MCR HRD Institute, Road No. 25 Jubilee Hills, Hyderabad 500 033 M: 9248032998/Ext: 189/150 Email: citrdimcrrdi.go.in</td>
</tr>
</tbody>
</table>
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
<table>
<thead>
<tr>
<th>Programme Title</th>
<th>Training Programme on “Communication and Presentation Skills”</th>
</tr>
</thead>
<tbody>
<tr>
<td>Venue</td>
<td>Dr MCR HRD Institute, Road No.25 Jubilee Hills, Hyderabad 500 033</td>
</tr>
<tr>
<td>Duration</td>
<td>3 Days</td>
</tr>
<tr>
<td></td>
<td>6.6.2017 to 8.6.2017</td>
</tr>
<tr>
<td>Aim</td>
<td>To develop awareness of the role and importance of communication skills and presentation skills in achieving excellence at work place</td>
</tr>
<tr>
<td>Level and type of participant</td>
<td>Gazetted Officers and above</td>
</tr>
<tr>
<td>Methodology</td>
<td>Lecture, Group activities / Discussions, Interactions, Psychological instruments, Exercises &amp; Films</td>
</tr>
<tr>
<td>Last date of receipt of Nominations</td>
<td>29th May, 2017</td>
</tr>
<tr>
<td>The list of nominations to be sent to</td>
<td>Dr. N. Srilakshmi, Professor &amp; Centre Head, CMBS, Dr. MCR HRD Institute, Road No.25 Jubilee Hills, Hyderabad 500 033 M: 9391010682 Email: <a href="mailto:nadimpallisrilakshmi@mcrhrdi.gov.in">nadimpallisrilakshmi@mcrhrdi.gov.in</a></td>
</tr>
</tbody>
</table>
**NOMINATION FORM**

1. **Programme title**:
   Training Programme on
   "Communication and Presentation Skills"

2. **Name of the Institute**:
   DR. MCR HRD INSTITUTE
   Dr MCR HRD Institute, Road No.25
   Jubilee Hills, Hyderabad 500 033

3. **Venue**:

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**:

<table>
<thead>
<tr>
<th>FAX No:</th>
<th>Phone No (O):</th>
<th>Mobile No:</th>
<th>Email:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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
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: 12th 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@mcrhrdi.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

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)