Cir. Memo. No. T1/11195/2015

Dt:-06-03-2018

Sub:- TECHNICAL EDUCATION – Training Programme on “Gender Budgeting for Women Empowerment” from 20.03.2018 to 22.03.2018 (03 Days) - Nominations called for by Dr. MCRHRDI, Hyderabad - Reg.

Ref:- Lr. No. 476-II/CSDGs/2017-18, Dt: 23.02.2018 of the Director General & E.O. Spl. CS to Govt. (FAC), Dr. MCRHRDI, Hyderabad received through mail.

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With reference to above letter cited, the Secretary SBTET, RJD(TE) Hyderabad and all the Principals of Govt. Polytechnics of Telangana state are hereby informed that Dr. MCRHRDI, Hyderabad is conducting Training Programme on “Gender Budgeting for Women Empowerment” Scheduled from 20.03.2018 to 22.03.2018 (03 Days). They are requested to circulate the same among employees working in Gender Budget cell of the Department or Senior / Middle Level Officers from Planning, Policy, Coordination and Budget & Accounts Division and forward nominations of interested officers in the proforma enclosed to this office to take further action in the matter. They may send the nomination to adtrg.ts@gmail.com on or before 09th March 2018 to submit to Dr. MCRHRDI, Hyderabad.

Encl: Nomination Form

Sd/- NAVIN MITTAL
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), TS, Hyderabad.
Copt to All Sections in CTE, TS, Hyderabad.
Copy to Stock File / Spare.

//F.B.O.//

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

NOMINATION FORM

1. Programme Name: Gender Budgeting for Women Empowerment
(Mention the Programme for which Nomination is being sent)

2. Programme Date From: 30.03.2018 To: 22.03.2018 (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