



Centre for Cultural Resources and Training
NEW DELHI

The details of the Training Workshops to be organised during the Month of January-March 2019 are as follow

January, 2019

S.No.	Training Programmes	Duration	Eligibility Criteria
1.	Workshop on "Our Cultural Diversity"	January 08-18, 2019	Govt./Govt. aided school teaching classes I to XII up to 12 years of age on the day of Registration
2.	Workshop on "Role of Schools in Conservation of the Natural and Cultural Heritage"	January 09 - 19, 2019	Govt./Govt. aided school teaching classes VI to XII up to 12 years of age on the day of Registration
	Workshop on "Our Cultural Diversity"	January 21-30, 2019	Govt./Govt. aided school teaching classes I to XII up to 12 years of age on the day of Registration

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February, 2019

S.No.	Training Programmes	Duration	Eligibility Criteria
1.	Workshop on "Role of Schools in Conservation of the Natural and Cultural Heritage"	February 06 – 16, 2019	Govt./Govt. aided school teachers teaching classes VI to XII upto 52 years of age on the day of Registration
2.	Workshop on "Role of Puppetry in Education"	February 18 – March 04, 2019	Govt./Govt. aided school teachers teaching classes I to V upto 52 year age on the day of Registration
3.	Workshop on "Our Cultural Diversity"	February 20 – March 02, 2019	Govt./Govt. aided school teachers teaching classes I to XII upto 52 year of age on the day of Registration

March, 2019

S.No.	Training Programmes	Duration	Eligibility Criteria
1.	Workshop on “Our Cultural Diversity”	March 04 – 14, 2019	Govt./Govt. aided school teachers teaching classes I to XII upto 52 years of age on the day of Registration
2.	Workshop on “Integrating Craft Skills in School Education”	March 06 – 16, 2019	Govt./Govt. aided school teachers teaching classes I to X and subjects I Craft/Drawing/Painting/Arts/SUPW/ only. Teachers should be upto 52 years of age on the day of Registration
3.	Workshop on “Our Cultural Diversity”	March 11 – 21, 2019	Govt./Govt. aided school teachers teaching classes I to XII upto 52 years of age on the day of Registration
4.	Workshop on “Integrating Craft Skills in School Education”	March 18 – 28, 2019	Govt./Govt. aided school teachers teaching classes I to X and subjects I Craft/Drawing/Painting/Arts/SUPW/ only. Teachers should be upto 52 years of age on the day of Registration



CENTRE FOR CULTURAL RESOURCES AND TRAINING

15A, Sector-7, Dwarka, New Delhi-110075

Phone: 011-25309300, Fax: 011-25088637

E-mail: wksp.ccr@nic.in website: www.ccrindia.gov.in

Application form for the workshop on "Role of Schools in Conservation of the Natural and Cultural Heritage"

(Particulars to be filled in Block letters by the Applicant)

1. Name: _____

2. Designation : _____

3. Gender: Male/Female

4. Date of Birth : _____
(Please attach proof of Date of Birth)

5. Category: SC/ST/OBC/General (Please put a ✓ mark)

6. Whether specially challenged: Yes/No
If yes, specify _____

7. Qualifications & Teaching Experience: _____

8. Subjects & Classes that you teach:

Subject (s)	Class (es)
1. _____	1. _____
2. _____	2. _____
3. _____	3. _____

9. Medium of teaching/ instruction in your institution (Language): _____

10. Type of School: Govt. /Govt. Aided/Public/Private (Please put a ✓ mark)

Please affix recent
Passport Size
photograph here

14. Residential Address: _____

 State/U.T. _____ PIN Code _____
 Contact No. _____ Email ID _____

15. Languages, which you can read, write and speak:
 1. _____ 2. _____ 3. _____

16. Knowledge of English: Good/Very Good/Poor (Please put a ✓ mark)

17. Have you attended any training programme(s) organized by CCRT ? If so, please mention:

- (a) Name of the training programme(s)
- (b) Place (Venue of the Training Programme):
- (c) Date/Duration:

Date: _____ Name _____
 Signature of the Applicant _____

Important : This form will not be considered for selection unless forwarded by both the concerned forwarding authorities.

Signature of the Headmaster/Principal _____
 Signature of D.E.O./Inspector of School/ Director of Edn./Concerned Officer/ Authority _____



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Email: wksp.ccrtr@nic.in website : www.ccrtrindia.gov.in

Application form for the workshop on "Role of Puppetry in Education"

(Particulars to be filled in Block letters by the Applicant)

*Please affix recent
Passport Size
photograph here*

1. Name: _____

2. Designation: _____

3. Gender: Male/Female

4. Date of Birth: _____
(Please attach proof of Date of Birth)

5. Category: SC/ST/OBC/General (Please put a ✓ mark)

6. Whether specially challenged: Yes/No
If yes, specify

7. Qualifications & Teaching Experience: _____

8. Subjects & Classes that you teach:

Subject (s)

Class (es)

- | | |
|----------|----------|
| 1. _____ | 1. _____ |
| 2. _____ | 2. _____ |
| 3. _____ | 3. _____ |

9. Medium of teaching/ instructions in your institution (Language):

10. Type of School: Govt./Govt.Aided/Public/Private (Please put a ✓ mark)

11. Whether your school is from Rural/Urban/Tribal area (Please put a ✓ mark)

State/U.T _____ PIN Code _____

Contact No. _____ Email ID _____

15. Languages, which you can read, write and speak:

1. _____ 2. _____ 3. _____

16. Knowledge of English: Good/Very Good/Poor (Please put a ✓ mark)

17. Do you have any past experience in the following fields?

Puppetry / Theatre / Music / Dance / Painting / Mime and Movement (Please put a ✓ mark)

18. How do you think Puppetry can be used as an effective educational / teaching aid? (Please comment).

19. Have you attended any training programme(s) organized by CCRT ? If so, please mention:

(a) Name of the training programme(s)

(b) Place (Venue of the Training Programme):

(c) Date/Duration:

Signature of the Applicant _____

Date: _____ Name _____

Important: This form will not be considered for selection unless forwarded by both the concerned forwarding authorities.

Signature of the Headmaster/Principal

Signature of D.E.O./Inspector of School/ Director of Edn./Concerned Officer/ Authority

Name

Name
Designation



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E-mail : wksp.cert@nic.in website : www.certindia.gov.in

Application Form for the Workshop on "Our Cultural Diversity"

(Particulars to be filled in Block Letters by the Applicant)

1. Name: _____
2. Designation: _____
3. Gender: Male/Female
4. Date of Birth: _____
(please attach proof of Date of Birth)
5. Category: SC/ST/OBC/General (Please put a ✓ mark)
6. Whether specially challenged: Yes/No
If yes, specify
7. Qualifications & Teaching Experience: _____
8. Language(s) which you can read, write and speak:
1. _____ 2. _____ 3. _____
9. Subjects and classes that you teach :

Subject(s)	Class(es)
1. _____	1. _____
2. _____	2. _____
3. _____	3. _____
10. Type of School: Govt./Govt. Aided/Public/Private (Please put a ✓ mark)
11. Whether your school is from Rural/Urban/Tribal area (Please put a ✓ mark)

Please affix recent
Passport Size
photograph here

16. Name and address of the School/Institution: _____

 State/UT _____ Pin Code _____
 Contact No. _____ Email ID _____

17. Residential Address: _____

 State/UT _____ PIN Code _____
 Telephone Contact No. _____ Email ID _____

Date: _____ Signature of the Applicant _____
 _____ Name _____

Important : This form will not be considered for selection unless forwarded by both the concerned forwarding authorities.

Signature of the Headmaster/Principal _____ Signature of D.E.O./Inspector of School/ Director of Edn./Concerned Officer/ Authority _____

Name	Name
Seal	Designation
Telephone no.(O) with STD Code	Seal
	Telephone no. (O) with STD Code



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Application Form for the Workshop on "Integrating Craft Skills in School Education"

(Particulars to be filled in Block Letters by the Applicant)

1.	Name: _____	<i>Please affix recent Passport Size photograph here</i>
2.	Designation: _____	
3.	Gender: Male/Female	
4.	Date of Birth: _____ (Please attach proof of Date of Birth)	
5.	Category: SC/ST/OBC/General (Please put a ✓ mark)	
6.	Whether specially challenged: If yes, specify	Yes/No
7.	Qualifications & Teaching Experience: _____	
8.	Subjects and classes that you teach under SUPW/WE	
	Subject(s)	Class(es)
	1. _____	1. _____
	2. _____	2. _____
	3. _____	3. _____
9.	Medium of teaching/ instructions in your institution (Language):	
10.	Type of School: Govt./Govt. Aided/Public/Private (Please put a ✓ mark)	

14. Residential Address: _____

State/UT _____ PIN Code _____

Contact No. _____ Email ID _____

15. Language(s) which you can read, write and speak:

1. _____ 2. _____ 3. _____

16. Knowledge of English: Good/Very Good/Poor (Please put a ✓ mark)

17. Mention the Handicrafts that are popular in your State/U.T:

1. _____ 2. _____

18. Have you ever attended any training programme(s) organized by the CCRT ? If so please mention:

(i) Name of the training programme(s)

(ii) Place/Venue of the training programme(s)

(iii) Date(s)/Duration(s)

Date: _____ Signature of the Applicant _____

Name _____

Important : This form will not be considered for selection unless forwarded by both the concerned forwarding authorities.

Signature of the Headmaster/Principal

Signature of D.E.O./Inspector of School/ Director of Edn./Concerned Officer/ Authority