



CENTRE FOR CULTURAL RESOURCES AND TRAINING

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

Phone : 011-25309300, Fax : 011-25088637

E-mail : wksp.ccrt@nic.in website : www.ccrtindia.gov.in

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

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

<p>1. Name: _____</p> <p>2. Designation: _____</p> <p>3. Gender: Male/Female</p> <p>4. Date of Birth: _____ (Please attach proof of Date of Birth)</p> <p>5. Category: SC/ST/OBC/General (Please put a \sqrt mark)</p> <p>6. Whether specially challenged: Yes/No If yes, specify</p> <p>7. Qualifications & Teaching Experience: _____ _____</p> <p>8. Subjects and classes that you teach under SUPW/WE</p> <table border="0" style="width: 100%;"> <thead> <tr> <th style="text-align: left;">Subject(s)</th> <th style="text-align: left;">Class(es)</th> </tr> </thead> <tbody> <tr> <td>1. _____</td> <td>1. _____</td> </tr> <tr> <td>2. _____</td> <td>2. _____</td> </tr> <tr> <td>3. _____</td> <td>3. _____</td> </tr> </tbody> </table> <p>9. Medium of teaching/ instructions in your institution (Language):</p> <p>10. Type of School: Govt./Govt. Aided/Public/Private (Please put a \sqrt mark)</p> <p>11. Whether your school is from Rural/Urban/Tribal area (Please put a \sqrt mark)</p> <p>12. Please mention the Audio-visual aids/equipment available in your school.</p> <p>13. Name and address of the School/Institution: _____ _____</p> <p>State/UT _____ PIN Code _____</p> <p>Telephone Contact No. _____ Email ID _____</p>	Subject(s)	Class(es)	1. _____	1. _____	2. _____	2. _____	3. _____	3. _____	<p style="text-align: center;"><i>Please affix recent Passport Size photograph here</i></p>
Subject(s)	Class(es)								
1. _____	1. _____								
2. _____	2. _____								
3. _____	3. _____								

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 \sqrt 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

Name

Name
Designation

Seal

Seal

Telephone no.(O)
with STD Code
Fax No.

Telephone no. (O)
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Tel.No. (R)
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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 \sqrt 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 \sqrt mark)

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

12. Please mention the Audio-Visual aids/equipment available in your school:

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

State/U.T _____ PIN Code _____

Telephone Contact No. _____ Email ID _____

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 \checkmark 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:

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

Seal

Seal

Telephone no.(O)
 with STD Code
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Tel.No. (R)
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Application form for the workshop on "Role of Puppetry in Education"

(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 \sqrt 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 \sqrt mark)

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

12. Please mention the Audio-Visual aids/equipment available in your school:

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

State/U.T _____ PIN Code _____

Telephone Contact No. _____ Email ID _____

14. Residential Address: _____

Please affix recent
 Passport Size
 photograph here

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 \checkmark mark)

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

Puppetry / Theatre / Music / Dance / Painting / Mime and Movement (Please put a \checkmark 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 _____

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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 \checkmark 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 \checkmark mark)

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

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

13. Knowledge of English: Good/Very Good/Poor (Please put a \checkmark mark)

14. Please mention the Audio-visual aids/equipment available in your school.

15. Have you ever attended any training programme(s) organised 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)

*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 _____

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Signature of the Headmaster/Principal

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

Name

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Telephone no.(O)
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with STD Code

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Fax No.

E-mail ID.

E-mail ID.

Tel.No. (R)
with STD Code

Tel. No. (R)
with STD Code

In case the seal(s) are in regional language, kindly specify the name and designation of the sponsoring authority in Hindi or English to avoid delay in the process of selection.