



CENTRE FOR CULTURAL RESOURCES AND TRAINING
15A, Sector-7, Dwarka, New Delhi-110075
Phone : 47151000, Fax : 91-11-25088637

E-mail : skdgcrt@del3.vsnl.net.in, dg.ccr@nic.in website : www.ccrindia.gov.in

Application form for "Orientation Course"

KINDLY ENSURE :

- Particulars to be filled in BLOCK LETTERS by the applicant.
- All the particulars have been filled in properly, and the form has the signatures of the teacher/teacher educator concerned along with the recommendations of both the Principal of the concerned institution and concerned District Education Officer/Inspector of School/ Director of Education/Concerned Officer/Authority.

1. Name Ms./Smt./Shri _____

2. Designation _____

3. Date of Birth _____

4. Qualifications & Teaching Experience _____

Please affix recent
passport size
photograph here

5. Name and Address of the Institution/School _____

5.(a) Residential Address _____

Taluq _____

Taluq _____

AT/PO _____

AT/PO _____

Distt. _____

Distt. _____

State/UT _____ PIN _____

State/UT _____ PIN _____

Phone No. with STD code _____

Phone No. with STD Code _____

Mobile No. _____

Mobile No. _____

Fax No. _____

Fax No. _____

E-mail ID _____

E-mail ID _____

6. Languages, which you can read, write & speak :

1. _____ 2. _____ 3. _____

7. Knowledge of English :
(Please Put ✓/Mark)

GOOD

AVERAGE

POOR

8. Subject (s) and Course level/Class (es) that you teach :

Subject (s)

Class (es)

Subject (s)

Class (es)

_____- - _____ - _____ - _____ -
_____- - _____ - _____ - _____ -
_____- - _____ - _____ - _____ -

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

10. Is your institution in possession of CCRT's Educational Kit ?

Are all equipments in good condition?

Yes / No/Not Applicable*

11. Which of the following activities are organised in your school ?

(Please Put a [√] Mark

- (a) Educational Visits to Parks/Zoo
(b) Educational Visits to Museums/Monuments
(c) Co-curricular Activities in Dance/Music/Theatre/Painting, etc.
(d) Cultural Shows/Competitions
(e) Any others (Please specify) _____

12. Please mention the Audio-Visual Aid(s) and Equipment(s) available in your school/institution.

13. Have you attended any training programme(s) organised by the CCRT - if so, please mention.

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

I certify that all the particulars filled in above are correct and I can be held responsible for furnishing any wrong information.

Signature of the Applicant

Name :

U.T./State* _____

Date :

*Strike off, whichever is not applicable.

Important : This form will not be considered for selection unless forwarded by both the following 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

Telephone no. (O)
with STD Code

Tel.No. (R)
with STD Code

Tel. No. (R)
with STD Code

Mobile No.

Mobile No.

E-mail ID.

Email ID

Fax No.

Fax No.

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.

DECLARATION:

I, Mr. /MS.: _____.

S/O,D/o, W/o: _____.

R/o: _____.

Teacher/Master/Lecturer: _____.

Zone: _____.

District: _____.

Solemnly declare and undertake that I have/have not attended the following training Course(s) organized by CCRT at various places.

1. *Orientation Course*
2. *Role of School in conservation of the cultural and National Heritage.*
3. *Socially useful productive work/work experience.*
4. *Role of puppetry in Education.*
5. *Our Cultural Diversity*
6. *Any other Course/Training.*

Moreover, I also do hereby solemnly declare and affirm that I shall not refuse to attend the Training Programme whenever I am deputed by the Department for the same. No matter whatever, the circumstances may be, I shall make myself available as & when directed by the Department.

Signature of the Applicant.

Dated: ____/____/____.

C/S by DDO Concerned.