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 √ 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)

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: __________________________
    _____________________________________________________________
    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

Name
   Seal

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

Tel. No. (R) with STD Code
   Tel. No. (R) with STD Code
E-mail ID.
   E-mail ID.

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.