**Course Title:**

**Course Description:**

To be filled in by the CCRT trained teacher.

<table>
<thead>
<tr>
<th>Section</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of the Teacher trained in CCRT’s Orientation Course.</td>
<td></td>
</tr>
<tr>
<td>Name, Date, Place of training of the CCRT course(s) attended by the trained teacher.</td>
<td></td>
</tr>
</tbody>
</table>

*Note: If the trained teacher has been transferred, indicate the date of transfer and name and address of his/her new school.*

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**Additional Notes:**

- Please tick (✓) the right block for which the report is enclosed.

  - April to September
  - October to March

**Use of Material:**

- Use of slide albums/Cassette albums/Publications/CD related to Dance/Music/Theatre etc. for propagation of culture in your school, neighbouring schools and community.

<table>
<thead>
<tr>
<th>S. No.</th>
<th>Subject/Creative activities/Events/ Celebrations/Festival/Exhibition/other activities (Awareness programmes on issues related to Environment, Gender, Health, Hygiene and Literacy, etc.)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td></td>
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<tr>
<td>2.</td>
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<tr>
<td>3.</td>
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<tr>
<td>4.</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Lesson Taught</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Class</th>
</tr>
</thead>
</table>

**Total Relevant slide albums/ Cassette albums/Publications/CD related to Dance/Music/Theatre used etc.**

**Date**

**No. of students/teachers (if any specify) benefited.**

---

**Notes:**

- The report is to be filled in by the teacher who has been trained by the CCRT.
- The teacher's name, date, and place of training should be filled in.
- If the teacher has transferred, the date of transfer and new school's name and address should be provided.
- The report is to be used for the dissemination of culture in the school and surrounding schools.
- Use of slide albums/Cassette albums/Publications/CD related to Dance/Music/Theatre etc. is encouraged for propagation of culture.
- Details of the activities, lessons taught, and classes are to be filled in the table provided.
- The total number of relevant slide albums, cassette albums, publications, and CDs used is to be noted.
- The date of the report and the number of students and teachers benefited (if any) are to be noted.
Your efforts in contributing towards enriching CCRT Resources in the forms of Write-ups Recorded Audio-Visual materials will be highly appreciated for improvement of Educational kit, publications and their usage (attach a separate sheet).

Please Note: In case of DIET and B.Ed. Training College, the Evaluation report filled by the CCRT trained educator and duly forwarded by Principal will only be accepted.

스쿨/संस्थान का पूरा पता/ Complete address of the School/Instl.:

*PIN Code / PIN Code:
*Phone / Phone:
*Fax / Fax:
*Email / Email:

Date / Date:

* All information are mandatory