



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 \checkmark mark)

*Please affix recent
Passport Size
photograph here*

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 \checkmark mark)

11. Whether your school is from Rural/Urban/Tribal area (Please put a \checkmark 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 \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
Fax No.

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

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

Tel. No. (R)
with STD Code
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.

