



Ministry of Culture
Government of India



सांस्कृतिक स्रोत एवं प्रशिक्षण केन्द्र
(संस्कृति मंत्रालय, भारत सरकार के अंतर्गत एक स्वायत्त संस्थान)

Centre for Cultural Resources and Training
(Autonomous Organization under the Ministry of Culture, Govt. of India)

Dr. Rahul Kumar

Deputy Director (Training)

Tel: 011-25309307 (Office)

CCRT/13016/03/2024

February 19, 2025

Dear Friend,

It gives me immense pleasure to inform you that you are invited to participate in the three-days Workshop on 'Cultural Inputs in Curriculum Teaching' for District Resource Persons (DRPs) from **March 20-22, 2025** at **CCRT Headquarters, Plot No. 15-A, Sector-7, Dwarka, New Delhi-110075** (Tel. No. 011-25088638/Extn. 323/325, e-mail: ddtrg.ccrt@nic.in).

As you are aware, this workshop is organized specifically for teachers selected as **District Resource Persons (DRPs)** for the years 2024-25 and 2025-26. The primary objective of the workshop is to empower DRPs to promote cultural education at the grassroots level and act as CCRT's National Cultural Ambassadors.

Aims and Objectives of the Workshop:

- To emphasize the integration of aesthetic, cultural, and value-based education into school curricula to help students connect with their roots.
- To enhance understanding of India's rich cultural heritage and foster the right values among teachers and students.
- To devise methodologies for conducting district-level training programs to expand CCRT's reach.
- To align DRPs with CCRT's flagship initiatives and national campaigns, including *Azadi Ka Amrit Mahotsav*, *Har Ghar Tiranga*, *Ek Bharat Shreshtha Bharat*, and more.
- To evaluate and address challenges faced by teachers in implementing cultural education.

Roles and Responsibilities of DRPs:

As a DRP, you will:

- Act as a **Master Trainer** and **National Cultural Ambassador** for CCRT, conducting short-term workshops in your district.
- Maximize the outreach of CCRT's initiatives, including scholarships, fellowships, and training programs.
- Regularly coordinate with State Education Departments to increase teacher participation in CCRT programs.
- Assess the effectiveness of implementation of CCRT's training programs in your state by coordination with State Education Department.
- Facilitate the organization of district-level cultural activities and campaigns in alignment with CCRT's objectives in your respective Districts.

Workshop Details:

- **Venue:** CCRT Headquarters, New Delhi
- **Timings:** 9:00 AM to 5:30 PM (daily).
- **Accommodation:** Boarding and lodging arrangements have been made at the venue.



15ए, सेक्टर-7, द्वारका, नयी दिल्ली-110075 भारत दूरभाष: 011-25309300
15A, Sector-7, Dwarka, New Delhi-110075 INDIA Phones : 011-25309300
e-mail : dir.ccrt@nic.in ; director.ccrt@nic.in, website : www.ccrtindia.gov.in



Important Instructions:

1. If you have retired in 2024-25, please treat this letter as cancelled and inform CCRT immediately.
2. Submit your consent, agreeing to the roles and responsibilities of a DRP, by **February 27, 2025**, via email at ddtrg.cert@nic.in.
3. Bring the following documents with you:
 - Relieving certificate from your school.
 - Written approval from your Principal and District Education Officer supporting your participation and facilitation of workshops.
 - Basic Pay Certificate from your School/Institution.
 - Tickets/Ticket Numbers (noting distance in KM and amount paid). Purchase to-and-fro tickets by the shortest route for the journey.
 - Bank details with a cancelled cheque.
 - Contact details (Telephone/Mobile/Email IDs) of your Principal and relevant District Education Officers.
 - A presentation based on the successful and best practices adopted in Cultural Education by me.

Important:

A copy of this invitation letter is also being sent to your principal and the concerned District Education Officer for information and necessary action. Please hand over the letters to your Headmaster/Principal and respective District Education Officer. Your State Education Department has been informed about your selection with a request to issue instructions to relieve you in time.

Please fill out the attached forms (Annex II&III) and return them to CCRT immediately via email. If we do not receive your acknowledgment form by **February 27, 2025** we will presume that you are not interested in attending the program, and CCRT may cancel/withdraw your candidature.

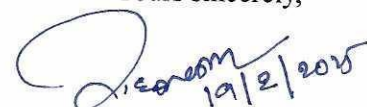
The list of invitees will be uploaded on our website (www.ccrindia.gov.in). You may check the names and addresses of invitees from your State/UT. This invitation letter is being sent via email only; no postal letters will be sent.

Your active involvement as a DRP will play a vital role in promoting cultural education across India. We place great confidence in your abilities to fulfil this responsibility.

Looking forward to your confirmation and participation. For any queries, you can contact us at 011-25088638 or via email at ddtrg.ccrindia@nic.in

With best wishes,

Yours sincerely,



(Dr. Rahul Kumar)

Email: ddtrg.ccrindia@nic.in

Copy to The District Education Officer of the District concerned for information and with a request to allow the teacher to participate in this Workshop and issue orders, in the perspective of accordance of permission which has already been requested to the Director of Education of the State, by this Centre (CCRT).

The Headmaster/Headmistress/Principal of the school concerned. **Please note that the teacher reporting after commencement of the training programme i.e. March 20, 2025 (by 09:00 AM) will not be allowed to join the programme and no TA will be paid. The teacher should be medically fit to attend this programme and not being treated for any serious ailment**

Sd/-
(Dr. Rahul Kumar)

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(Dr. Rahul Kumar)



Centre for Cultural Resources and Training
NEW DELHI
LOGISTICS

1. **Boarding and Lodging:**

The boarding & lodging arrangements will be made at the venue of the training programme. Free boarding and lodging facilities are provided which are mandatory for all the participants, being it is a 'Residential mode' of training.

The sessions will be arranged at the auditorium of the venue of the training programme. You would be required to attend the respective training programme from 9.00 AM to 5.30 PM. Some days we may begin work early in the morning and continue to work till late in the evening. **No relatives/members of the family/escort will be entertained at the place where boarding and lodging arrangements have been made by the CCRT and no such permission will be provided under any circumstances.**

Separate arrangements are made for the female Teachers at the venue.

2. **Travelling Allowance:**

1. The teacher participants of CCRT Training Programmes are entitled to travel by AC 3-tier/ AC Chair Car/ Sleeper class of all the trains, as the case may be, from their nearest railway station head to the venue of the programme, by the shortest route. Submission of the Xerox of the ticket is **mandatory**.
2. Those who travel by bus from outstation are entitled to claim deluxe bus fare subject to the production of bus ticket failing which the fare will be restricted to ordinary bus fare. Teachers are required not to travel by AC buses.
3. For local road journey i.e. from school to Railway Station/ Bus Stand, the reimbursement will be made as per actual distance or upto 8 Km whichever is less @ Rs. 12/- per km.
4. For local road journey from the nearest Railway Station/ Bus Stand to the venue of the training programme, the teachers will be paid Auto/ Bus fare as per CCRT rule.

Please note that the Rail/Bus fare will be reimbursed by the CCRT if original/ photocopies of the tickets are attached to the T.A. Bills for inward as well as outward journey failing which the claim will be restricted to rail fare by sleeper class. **There is no provision for Air Fare/Tatkal/Flexi Fare and even if the teacher travel by any of these mode, their claim will be restricted to normal rail fare as per their entitlement i.e. AC-3tier/AC Chair Car/Sleeper Class as the case may be on production of original/photocopies of the journey tickets.**

No break in journey is permissible as per rules. Teachers are requested to buy direct journey ticket from their nearest Railway Station to the venue of the programme.

The teacher participants will be reimbursed Travelling Expenses for attending the training programmes as per the CCRT's norms.

The CCRT will be providing free lodging and boarding facilities mandatorily to all the participants.

- Reimbursed Travelling Expenses will be transferred to the authorized bank account through RTGS/NEFT/ECS, as per details provided by the participants, on successful completion of the training programme, hence correct account details should be provided to the CCRT. The teacher participants are expected to fill up the correct account details in the prescribed format and must enclose a copy of cancelled cheque leaf also, to avoid any mistake in the details to be forwarded to authorized Bank for transfer of amount.
- No Dearness Allowance (DA) will be paid to the participating teachers.



Annex II

URGENT TIMEBOUND

To be sent back by February 27, 2025

E-mail: ddtrg.cert@nic.in

**ACCEPTANCE FORM
(TIME BOUND)**

The Director
Centre for Cultural Resources & Training
15A, Sector-7
Dwarka
New Delhi-110075

Sir,
I have received your letter no. CCRT/13016/03/2024 dated February 19, 2025 regarding participation in the **Workshop on “Cultural Inputs in Curriculum Teaching”** to be organized by the CCRT **from March 20-22, 2025** at **CCRT Headquarters, Plot No. 15-A, Sector-7, Dwarka, New Delhi-110075 (Tel. No. 011-25088638/Extn. 323/325, e-mail: ddtrg.cert@nic.in)**

I have noted the contents of the letter and discussed the matter with my Principal and the DEOs/CEOs/ZEO/Dy. Directors/DDPIs/DIoS/IoS/CIoS. I further certify that:

- I accept the invitation and will report in due time.
- A presentation based on the successful and best practices adopted in Cultural Education by me.

Thanking you and with kind regards,

Yours faithfully,

Signature of the teacher _____	Complete Residential Address _____
Name of the teacher _____	_____
Complete Address of the School/Institution _____	_____
_____	with PIN Code _____
Tel No. (with STD Code) _____	Tel No. (Res.) _____
Mobile _____	Fax _____
	e-mail _____

Must and important

Countersigned by the Headmaster/Principal and concerned District Education Officer

Signature with seal of Headmaster/Principal

Signature with seal of DEOs/CEOs/ZEO/Dy. Directors/DDPIs/DIoS/ToS/CIoS

Name

Name.....

Complete address of School /Institution

Complete Name Address of the D.E.O. Office

Tel No. Office _____

Tel. No. Office _____

With STD Code

with STD Code

Tel. No. (Res.) _____

Tel. No. (Res.) _____

Fax _____

Fax _____

Mobile No. _____

Mobile No. _____

e-mail : _____

e-mail: _____

Important and Mandatory

If no intimation is received by **February 27, 2025** with regard to your participation in the workshop, we will presume that you are not interested to attend the training. Even if you report at the training venue you may neither be registered in the workshop nor will any TA be paid by the CCRT.



MANDATORY

VERY IMPORTANT
Annex III
To be sent along with Annex(II)
Or Bring along with you

For RTGS, the following information is **MANDATORY**

- 1 A Cancelled Cheque as per the enclosed sample
- 2 Name of Bank along with Complete Address
- 3 Branch Code
- 4 Name of the Branch
- 5 Account Holder's Name (in Block letters)
- 6 Account Number (Full 11 digit)
- 7 MICR Code
- 8 IFSC Code

The undersigned certify that the above said information furnished is correct to the best of my knowledge. If any discrepancies found in the RTGS details, the penalty will be borne by me.

Teacher's Signature-----

Name-----

Address-----

Tel. No. (Resi.)-----

(Office)-----

Mobile No. -----

E-mail -----

MANDATORY

Annex IV

List of Teachers selected to attend 03 day Short-term Workshop

Proposed dates for the Workshop: From _____ to _____ at District _____ State _____

S.No.	Name	Address of the school/ Institution	Subject
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Certify that none of the proposed teachers for 03 days short term workshop in the list are above 52 years of age and none of them belong to private or un-aided schools.

Teacher's Signatures.....	DEOs/CEOs/ZEO/Dy. Directors/DDPIs/DIoS/ IoS/ CIoS Signatures.....
Name.....	Name.....
Address	Address (with official stamp)
Tel. No. (Res) (Office).....	Tel. No. (Res) (Office).....
Fax.....	Fax.....
Mobile	Mobile
e-mail	e-mail.....

(Since the proposed list of 40-45 teachers would be representing all different schools, therefore signatures of the Headmaster/ Principal is not required)

IMPORTANT

Please do not report in the referred workshop if the list of 40 teachers recommended by DEO/Competent Education Authority is not ready for submission during the Workshop. If you report without the approval from DEO for conducting the 3 day workshop and list of 40 teachers, it is regretted that neither registration nor any payment would be regulated/admitted/released.

MANDATORY



Annex V

UNDERTAKING

1. After attending the 03 days workshop organized by CCRT, I assure you that with the approval of competent authority I will organize 03 days short term workshop in my district for minimum 40 to 45 teachers within the three months period (**April to June, 2025**). In case, I fail to do so, I will refund the TA amount incurred on me by CCRT, immediately by Demand Draft in favour of Director, CCRT, New Delhi.
2. I certify that I will organize 03 days Short term workshop for minimum 40-45 teachers from to at District State In case I fail to organize this workshop on the given date, the advance amount of Rs. 36000/- given by the CCRT will be sent back immediately and for any delay the penalty will be borne by me.
3. I certify that after completion of the 03 days' Short term workshop, the account of the expenditure will be sent back within 15 days of the completion of three day workshop to the CCRT according to the CCRT budgetary provision along with supporting original vouchers and bills, without fail.
4. I certify that I will send the unspent money through Demand Draft in favour of Director, CCRT, New Delhi, immediately after completion of the 03 days short-term workshop.
5. **I hereby confirm that I am medically fit to attend this programme and not taking any medicine/treatment for serious ailment.**

(Signatures)

Name of the teacher _____

Date :

Signatures with seal of Headmaster/Principal

Name

Complete address of School /Institution

Tel No. Office _____

With STD Code

Tel. No. (Res.) _____

Fax _____

Mobile No. _____

e-mail: _____

Signatures with seal of DEOs/CEOs/ZEO/Dy. Directors/DDPIs/DIoS/ IoS/CIoS

Name.....

Complete Name Address of the DEOs/CEOs/
ZEO/Dy. Directors/DDPIs/DIoS/ IoS/CIoS Office

Tel. No. Office _____

with STD Code

Tel. No. (Res.) _____

Fax _____

Mobile No. _____

e-mail: _____