



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 “Integrating Craft Skills in School 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: _____

*Please affix recent
Passport Size
photograph here*

8. Subjects and classes that you teach under SUPW/WE

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/UT _____ PIN Code _____

Telephone Contact No. _____ Email ID _____

14. Residential Address: _____

State/UT _____ PIN Code _____

Contact No. _____ Email ID _____

15. Language(s) which you can read, write and speak:

1. _____ 2. _____ 3. _____

16. Knowledge of English: Good/Very Good/Poor (Please put a ✓ mark)

17. Mention the Handicrafts that are popular in your State/U.T:

1. _____ 2. _____

18. Have you ever attended any training programme(s) organised by the CCRT ? If so please mention:

(i) Name of the training programme(s)

(ii) Place/Venue of the training programme(s)

(iii) Date(s)/Duration(s)

Date: _____

Signature of the Applicant _____

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.

