



**Dr. MCR HUMAN RESOURCE DEVELOPMENT INSTITUTE OF TELANGANA  
GOVERNMENT OF TELANGANA**

Road No.25, Jubilee Hills, Hyderabad - 500 033. Fax: 040 - 23557584

From  
Dr Shashank Goel, IAS  
Director General & EO  
Spl.CS to Government,

To  
All Heads of  
Departments  
Directors/DGs of State  
Training Institutes

Sir/Madam,

**Letter No. T2/149/TMU/2024, dated:23.05.2024**

Sub: Dr. MCRHRDIT - Training- GoI, DoPT, sponsored Trainer Development Programmes for the year 2024-25-schedule communicated-nominations invited - Reg.

Ref: No. T-16011/01/ 2024-TFA dt, 20<sup>th</sup> May,2024 of Sri Oruganti Phani,  
Under Secretary to GOI, DoPT, New Delhi.

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The Training Division of the DoPT, GoI, vide reference cited, sanctioned (8) Eight Trainer Development Programmes to Dr. MCR Human Resource Development Institute of Telangana, Hyderabad, for the year 2024-25.

Proposed schedule for conduct of these course is given below:

Sl. No	Name of the Course	Proposed Dates	Nominations close by
1	Direct Trainer Skills (DTS) (State Level )	11.06.2024 to 15.06.2024	04 <sup>th</sup> June 2024
2	Design of Training (DoT) (State Level)	25.06.2024 to 29.06.2024	20 <sup>th</sup> June 2024
3	Evaluation of Training (EoT) (National Level)	02.07.2024 to 06.07.2024	25 <sup>th</sup> June 2024
4	Training Needs Analysis (TNA) (National Level)	23.07.2024 to 27.07.2024	16 <sup>th</sup> July 2024
5	Management of Training (MoT) (State Level )	05.08.2024 to 09.08.2024	27 <sup>th</sup> July 2024
6	Direct Trainer Skills (DTS) (National Level)	20.08.2024 to 24.08.2024	14 <sup>th</sup> August2024
7	Design of Training (DoT) (National Level)	02.09.2024 to 06.09.2024	27 <sup>th</sup> August 2024
8	Experiential Learning Tools (ELT) (National Level)	24.09.2024 to 28.09.2024	18 <sup>th</sup> September 2024

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2. The course will be conducted by Master Trainers (MTs)/ Recognized Trainers (RTs) certified by the DoPT, Govt. of India.
3. No course fee will be charged from the participating officers. They will also be provided free accommodation and boarding facilities from the course. However, the TA/DA/of the Trainees will have to be borne by the sponsoring authority.
4. Direct Trainer Skills (DTS) is the first course in the order of Trainer Development. It is also a precursor to participate in the Design of Training (DoT) Course. For other courses, there is no precondition.
5. Most courses are useful to faculty of training intuitions while courses like Training Needs Analysis (TNA), Management of Training (MoT), Evaluation of Training (EoT), Experiential Learning Tools (ELT), are useful for both faculty as well as senior officers in --charge of trainings in the organizations.
6. You are requested to sponsor nominations of suitable and willing officers from your department organization/ Institution. Those who attended these programmes earlier should not be nominated. These courses are very intensive in nature and the tutor: pupil ratio is generally 01.06-08. Therefore, early nominations have a better chance of getting confirmed.
7. Out of the Eight (8) Courses Mentioned above, five (5) courses (marked N) are National level courses i.e. participants can be from any part of the country. Courses. Course marked (S) are exclusively from participants from Telangana state.
8. The Nomination form (copy enclosed), may be got duly filled along with signature of the sponsoring authority and forwarded to reach the following address to enable us to make arrangements and to inform the selected participants well in advance. The duly filled in nomination form can also be e-mailed to Sri D.V.Ramana, AR- TMU ([dvramana@mcehrdi.gov.in](mailto:dvramana@mcehrdi.gov.in)) and Mobile No 9248032106.
- 9. The nominated officers should not be relived unless confirmation is received from this Institute.**

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10. For any clarifications on the course and other academic matters, concerned may please feel free to contact are as follows:

Sl. No	Name of the Course	Course Directors Sri/Smt.	Mobile Number	e-mail address
1	Direct Trainer Skills (DTS) (State Level)	PVS Pathanjali	9121218349	pvspathanjali@mcrhrdi.gov.in
2	Design of Training (DoT) (State Level)	Dr.K.Usha Rani	9948921557	kandukuriusharani@mcrhrdi.gov.in
3	Evaluation of Training (EoT) (National Level)	G.Jhansi Rani	8008885064	jhansirani@mcrhrdi.gov.in
4	Training Needs Analysis (TNA) (National Level)	Dr.R.Madhavi	9959614546	madhavir@mcrhrdi.gov.in
5	Management of Training (MoT) (State Level)	K.Soumya Rani	9248032079	soumyarani@mcrhrdi.gov.in
6	Direct Trainer Skills (DTS) (National Level)	K.Soumya rani	9248032079	soumyarani@mcrhrdi.gov.in
7	Design of Training (DoT) (National Level)	Dr.K.Usha Rani	9948921557	kandukuriusharani@mcrhrdi.gov.in
8	Experiential Learning Tools (ELT) (National Level)	Dr.R.Madhavi	9959614546	madhavir@mcrhrdi.gov.in

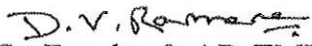
Yours faithfully,

Sd/-

Director General

Encl: Annexure I&II

//Attested//

  
Sr. Faculty & AR-TMU

NOMINATION FORM**Name of the Trainer Development Course: -----**

1.	Name	
2.	Present Designation	
3.	Basic Pay( Rs.)	
4.	Date of birth (DD/MM/YY)	
5.	Sex	Male / Female /Other
6.	Highest Academic qualification	
7.	Professional qualification, if any	
8.	Office address Phone: E-mail ID:	-----
9.	Category	SC/ST/OBC/BD/OC/Others
10.	Experience in Training (Conducted/ Sessions delivered last 5 years)	_____ _____
11.	Administrative Experience, if any:	
12.	Trainer Development Courses Undergone, if any (tick mark)	DTS/DoT/ELT/EoT/TNA/MoT/SAT

13.	<b>Brief description of present duties of the officer:</b> <hr/> <hr/> <hr/> <hr/>		
14.	<b>Details of Training of Trainer's courses, if any attended</b>		
15.	<b>Name of the Course</b>	<b>Institute</b>	<b>Year</b>
16.	<b>Additional information, if any related to training experience</b>		

**(Signature of the Nominee)**

**SPONSORING AUTHORITY'S CONFIRMATION****(To be filled in by the sponsoring authority)****Certified that:**

- a) The Particulars given above are correct
- b) Due care has been taken of the training needs of the officer nominated with reference to his present / future duties viz-a-viz the contents of the course
- c) The officer, if selected, will be relieved on fulltime basis for attending the programme.

1.	Name of the Sponsoring Authority	
2.	Address for Communication	
3.	Telephone and Mobile No:	Telephone:----- Mobile No:-----
4.	Fax / e – mail.	
5.	How does the nominee's nomination benefit the training and development plan and policy of the sponsoring agency	

**(Signature of the Sponsoring Authority)**

Name: -----, Designation-----

Date: