

Dear Member schools

CBSE is conducting a workshop on CCE in Bangalore and all details are given below. It would be very good if schools can send senior teachers or teachers involved in CCE to attend the programme. Please fill in the forms and do the needful.

Thanks and regards
Sahodaya Team

Dear Principal,
Greetings!

It is a fact that the teachers are the pillars of an educational institution and promoting their quality is a key element in improving the efficiency of the institution. This emphasis the need of a systematic in-service training programmes especially for teachers, over and above their formal education and experience. Hence the CBSE advocates for a systematic Capacity Building Programmes for the teachers, Principals, students and their Parents.

The CBSE Capacity Building Programme aims at creating situations where all teachers are able to get the best possible professional preparation and support for updating their various skills, especially the pedagogical skills, which result in good quality and motivated teachers for all levels of education through its Centers Of excellence (COEs) and that in turn will assist students with relevant and effective learning.

Hence, in order to enable your teachers also to participate in the teacher's capacity building programme, the CBSE Centre of Excellence, Kochi has scheduled a Teachers Training programme using the well trained Resource Persons at the venue given below.

The details of the training programme are as follows:

Topic: CCE(Co-Scholastic)

Duration of the training: 2 days

Date: 29th&30th JULY'16(Friday & Saturday)

Venue: SRI KUMARAN CHILDREN'S HOME SCHOOL BANGALORE KK

Venue Director:Mrs DEEPA SRIDHAR,PRINCIPAL

Contact No:08065839367, Mob. NO: [9845270339](tel:9845270339); E -Mail:deepasridhar@kumarans.org

No.of Participants:60-70

Fee: Rs 1200/- per teachers for two days

(Refreshment, lunch and relevant training materials& Certificate will provide to each participants)

The fees should be paid in the form of **DD a/to the Secretary, Central Board of secondary Education, Payable at Delhi** and submit to the Venue Director along with the duly filled registration form attached with this mail.

Hence please confirm the entries by contacting the Venue Director of the programme through phone or e-mail mentioned above on or before 23rd July 16.

This is an opportunity for your teachers to **undergo this mandatory training programme** at a venue near to your school with the modified training module on CCE Co-Scholastic and we expect that you will make use of it.

If the teachers from your school is not participating in this programme , please mail the reason for the same to the undersigned along with the duly filled Training Assessment Form (TAS) attached at; cbsecoe.kochi@gmail.com, at the earliest.

For further clarification if any, you may please contact the Venue Director or the undersigned

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With Regards

**Dr G Manulal,
Advisor(Training)**

**CBSE CENTRE OF EXCELLENCE,KOCHI
CBSE REGIONAL OFFICE**

**Block - B, 2nd floor, LIC Divisional Office Campus, Pattom,
THIRUVANANTHAPURAM - 695004.
Kerala.**

Mob:8113912083 ; 8754208699



केन्द्रीय माध्यमिक शिक्षा बोर्ड

(मानव संसाधन विकास मंत्रालय, भारत सरकार, के अधीन एक स्वायत्त संगठन)

शिक्षा सदन, 17, इन्सटिट्यूशनल क्षेत्र, राउज एवेन्यु, नई दिल्ली-110002



CENTRAL BOARD OF SECONDARY EDUCATION

(An Autonomous Organization under the Union Ministry of Human Resource Development, Govt. of India)
Shiksha Sadan, 17, Institutional Area, Rouse Avenue, New Delhi-110002

CBSE CENTRE OF EXCELLENCE, KOCHI

CAPACITY BUILDING PROGRAMME

Registration form

Name & Address of the address of the School: _____

e-mail: _____ Contact no. _____

Name of the Principal: _____

E-mail: _____, Contact No: _____

CBSE Regional Office: _____

Topic of the Training programme : _____

Date(s) of Training programme: _____ Duration: _____

Name & Address of the Venue: _____

Category wise teachers attending the programme:

Category of Teachers/No	PrT	TGT	PGT	Grand Total
Total				
Participants				

Details of fees paid:

DD No: _____ Dated _____ for an amount of ₹. _____

(in words) _____ Drawn in favour of

THE SECRETARY, CBSE, PAYABLE AT THIRUVANANTHAPURAM, issued by _____
_____ bank

Date:

Sign of Principal

(Seal)

LIST OF PARTICIPANTS

Sl. No.	Name of Participant	Designation	Educational Qualification	Teaching Grade(s)	Teaching Subject(s)

Name & Sign of Principal with seal



Central Board of Secondary Education
Training Assessment Survey (TAS)
(For the Academic Year 2015-16)



1. School Profile:

Name & Address of the School :
Affiliation Code : School Code:
Contact Number :
E-Mail ID : Name of the Region:

Type Of School Put (☑) Mark	Gov		Semi-Gov		Independent	
Cat. of School Put (☑) Mark	Middle		Secondary		Senior Sec	

Number of Teachers:	PGT:	TGT:	PRT:	Total:

Number of Students:	Senior Secondary:	Secondary:	Middle:	Total:

2. Details of Training Programme Attended:

A).For Principals (Start with the latest programme)

S.No	Name of the Topic	Date	Duration	Name of the agency conducted the programme
1.				
2.				
3.				

B).For Teachers(Start with the latest programme)

S.No	Name of the Topic	Date/ Duration	No. Of Participants	Name of the agency conducted the programme
1.				
2.				
3.				
4.				
5.				

C).For Students(Start with the latest programme)

S.No	Name of the Topic	Date/ Duration	No. Of Participants	Name of the agency conducted the programme
1.				
2.				
3.				
4.				
5.				

3. Suggested Area For Training:

S.No	Name of the Topic	Duration	No. Of Expected Participants
1.			
2.			
3.			
4.			
5.			

4. Further suggestions, if any:

School Seal

Name of the Principal:

Signature with date: