



Bangalore Sahodaya Schools Complex

Website: <http://bangaloresahodaya.org> Email: bangaloresahodaya@gmail.com

Secondary Mathematics teachers' training programme scheduled by CBSE

Dear Principal,

Greetings !

Promoting teacher quality is a key element in improving school education and for that matter the capacity building of teachers through in-service training programme plays a very important role. The Central Board of Secondary Education (CBSE) has been taken many initiatives to provide opportunities for building capacity of its stakeholders. Now the Board is pleased to announce yet another initiative in teacher empowerment which is the Subject Specific Training Programme in Challenging Areas identified by a group of Subject Experts in the subject Mathematics. This training programmes have been designed to give an opportunity to teachers to hone their skills in the teaching of Mathematics with special reference to the challenging areas of Text Books prescribed for Class X.

The details of the Secondary Mathematics teachers' training programme scheduled by **CBSE COE, Kochi** at Bengaluru ,KK are given below:

Venue : BGS INTL. RES SCHOOL K GOLLAHALLI , BENGALURU, KK

Venue Director: MRS GEETHA BASAVARAJ, PRINCIPAL

Venue Contact No: Tel.No:08028437582; Mob.No :9886469111, EMail:BGSIRS@GMAIL.COM

Dates : 21ST and 22ND JULY '16 Time : 09:00 AM to 4:30 PM

No.of Participants: 60 - 70

It is requested that the teachers teaching Mathematics at Secondary level in your school may be deputed to attend this training programme as per the schedule mentioned above.

It may be noted that the fee for this two day training programme will be Rs. 1,500/- per participant. The teacher(s) are requested to carry the fee in the form of a Demand Draft in favour of 'The Secretary, CBSE' payable at THIRUVANANTHAPURAM (to be deposited at the time of registration at Venue) towards fee for the training programme.

CBSE would provide lunch and refreshments during the course of the training programme. The expenditure related to local travel of the participants will have to be borne by the participants themselves or his/her school.

Kindly confirm your participation by submitting the duly filled registration form for CBSE capacity building programme to the Venue Director at the E-mail Id BGSIRS@GMAIL.COM latest by 16TH JULY'16, at the above address.

If you are not deputing the teachers' for the programme, please inform the reason thereof and submit the duly filled TAS form attached through e-mail:cbsecoe.kochi@gmail.com

In case of any query, you may please contact the venue director or the office of the undersigned

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, इन्स्टिट्यूशनल 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)



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: