



केन्द्रीय माध्यमिक शिक्षा बोर्ड - उत्कृष्टता का केन्द्र

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

CENTRAL BOARD OF SECONDARY EDUCATION - CENTRE OF EXCELLENCE

(An autonomous Organisation under the Union Ministry of Human Resource Development, Govt. of India)

सी-316/ए, शॉपर्स ऑर्बिट, विश्रान्तवाडी, पुणे - 411015 / C-316/A, Shoppers Orbit, Vishrantwadi, Pune- 411015,

PROFORMA FOR EXPRESSION OF INTEREST FOR TRAINING PROGRAMME FOR THE PROSPECTIVE RESOURCE PERSONS IN CLASS XII ENGLISH CORE

1. Name of Candidate : _____ Designation: _____
2. Name & Address of School : _____

E-mail: _____ Tel: _____
3. Category of School: _____ Name of CBSE R.O. _____
(Govt./Semi Govt./Private)
4. Res. Address: _____

Contact No. : Mobile: _____ Landline: _____
E-mail ID Personal: _____
4. Education Qualifications : _____
5. Professional Qualifications: _____
6. Specialization: _____
7. Teaching Experience: _____ Yrs. _____ Months. _____
Classes Taught: _____ SUB _____
9. Training programme attended in your subject :
Details:(Start from latest)

Sl No.	Name of Programmes	Agency	Venue	Dates		No. of Days
				From	To	

10. Training programme conducted as a trainer in your subject :

Details: (Start from latest)

Sl No.	Name of Programmes/Agency	Venue	Dates		No. of Days
			From	To	

11. Why according to you is the teaching of English challenging? :

12. Your strength and suitability as an effective Resource Person:

Declaration:

I, _____ hereby declare that the details furnished above are true to best of my knowledge and belief. Also I express my interest to attend the "CBSE Training for Prospective Resource Person " and if identified as a Resource Person ,assure you my sincere service whenever CBSE request for .

Date:

Sign:

I, Mr./Ms.: _____ Principal/ Manager of _____
School, certify that Mr./Ms. _____ is working as _____ in my institution and he/she would be an efficient resource person and also promise that he/she will be relieved from duties as and when CBSE requires him/her to act as a Resource Person.

Date:

Sign of Reporting Authority with seal.

School Seal

For Official use

Selected/ Not Selected: _____ ; if not selected reason: _____

If selected, Regn. No.: _____ State: _____ Dist: _____

Batch No: _____ Dates of Programmes: _____

Venue : _____

Date :

Sign of Official: