



## 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 X SOCIAL SCIENCE**

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	



**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

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**For Official use**

**Selected/ Not Selected:** \_\_\_\_\_; if not selected reason: \_\_\_\_\_

If selected, Regn. No.: \_\_\_\_\_ State: \_\_\_\_\_ Dist: \_\_\_\_\_

Batch No: \_\_\_\_\_ Dates of Programmes: \_\_\_\_\_

Venue : \_\_\_\_\_

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Date :

Sign of Official: