

F.No.33048/7/2003-ISTM (EOT)
(GOVERNMENT OF INDIA)
INSTITUTE SECRETARIAT TRAINING & MANAGEMENT
DEPARTMENT OF PERSONNEL & TRAINING
ADMINISTRATIVE BLOCK, JNU CAMPUS (OLD)
OLOF PALME MARG, NEW DELHI – 110067
TEL. 26164285; TELEFAX:26104183, 26102597
Email scsen@hub.nic.in

Dated 05 January 2004.

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To

- 1. All Ministries/Departments**
- 2. Chief Secretaries of all States/Union Territories**
- 3. All Central/National/State Training Institutions.**

Subject: Training Circular – Evaluation of Training (Code EOT) for members of faculty of Training Institutes, Training Managers & Training Coordinators.

Sir/Madam,

I am directed to say that Training Course on “Evaluation of Training” Programme (Code EOT) for members of faculty of Training Institutes, Training Managers & Training Coordinators will be conducted by this institute during 15-17 March, 2004.

The course particulars and nomination proforma are given in Annexure I & II respectively. Nominations of the eligible officers, complete in all respects and in the prescribed proforma should reach **the undersigned latest by 16.02.2004.**

Only those Officers, whose candidature is confirmed by this Institute, may be relieved for the course. If no letter is received from this Institute, it may be presumed that it has not been possible to accept the candidature of the person concerned. Persons who report for the course without confirmation of their selection by the Institute will not be admitted.

Yours Sincerely,
Sd/-

(S.C. SEN)
JOINT DIRECTOR

Encl: As above
Copy to Hostel Warden (Shri Naresh Bhardwaj)

COURSE INFORMATION SHEET

CODE:	EOT
TITLE:	Training Course on “Evaluation of Training”
DURATION:	3 DAYS (15-17 March 2004)

AIM OF THE COURSE

To develop skills for evaluation of training sessions, training courses etc. among the members of faculty of Training Institutes, Training Managers and Training Coordinators.

BOARD CONTENT OF THE COURSE

1. Assessment Validation and Evaluation
2. Levels of Evaluation
3. Stakeholders
4. Purpose of evaluation
5. Evaluation Tools

METHODOLOGY

With a view to generating a learning environment, the course would be conducted on total participative basis and will include:

1. Individual work
2. Working in pairs
3. Group work
4. Plenary debriefing

PARTICIPANTS (Eligibility Conditions)

Members of faculty of training institute, Training Managers and Training Coordinators with some experience in the area of training are eligible for participating in this course.

COURSE CAPACITY : 20

COURSE FEE

There is no course fee. However, the course has been designed as a residential course. Therefore, board and lodging charges @ Rs.200 (Two Hundred only) per participant per day will be payable by the sponsoring authority. TA/DA in respect of the participant will be come by the Sponsoring Authorities.

HOSTEL FACILITIES

ISTM has modest hostel facility on twin sharing basis and is meant only for the participants. Request for accommodating members of family of the participants cannot be entertained. For hostel accommodation the following officer may be contacted directly.

Shri Naresh Bhardwaj
Assistant Director & Hostel Warden
Institute of Secretariat Training & Management
Administrative block, JNU Campus (Old)
Olof Palme Marg, New Delhi – 110067
Tele No. 011-26172571

ANNEXURE – II
Page 1 of 2

NOMINATION FORM
Evaluation of Training (EOT)
NOMINEE'S INFORMATION

- 1. NAME**
- 2. DESIGNATION SINCE**
- 3. INSTITUTE**

- 4. SCALE OF PAY**
- 5. DATE OF BIRTH**
- 6. SEX**
- 7. CATEGORY**
- 8. COMPLETE OFFICE SECTION/UNIT**
ADDRESS (WHERE ROOM NO./FLOOR
THE NOMINEE IS BUILDING NAME
POSTED AT ROAD NAME
PRESENT) CITY/PINCODE
TELEPHONE/FAX
- 9. EXPERIENCE IN THE**
AREA OF TRAINING

- | | | | | | |
|-----|---|-------------------------|---------------------|--------------|--------------|
| 10. | KNOWLEDGE
OF HINDI | READ/WRITE/SPEAK | READ | WRITE | SPEAK |
| 11. | WHETHER HOSTEL
REQUIRED OR NOT | REQUIRED | NOT REQUIRED | | |
| 12. | OTHER TRAINING OF
TRAINER (ToT) COURSES
ATTENDED | | | | |

ANNEXURE – II

NOMINATION FORM
Evaluation of training (EOT)
SPONSORING AUTHORITY'S CONFIRMATION

1. NAME OF THE SPONSORING AUTHORITY
2. ADDRESS FOR COMMUNICATION
(WITH PIN CODE)
3. TELEPHONE NUMBERS
4. FAX/EMAIL
5. NOMINEE'S NAME
6. NOMINEE'S DESIGNATION
7. HOW DOES THE NOMINEE'S
APPLICATION RELATE TO THE
TRAINING AND DEVELOPMENT
PLAN AND POLICY OF THE
SPONSORING AUTHORITY

Certified that the given particulars are correct, the nomination is made after ascertaining the training needs of the nominee, and if selected the nominee will be relieved on full time basis for the programme.

Signature & Seal of Sponsoring Authority

PLACE
DATE