

J-11018/1/6/2017-MGNREGA-IV (358950)

**Government of India
Ministry of Rural Development
Department of Rural Development
(MGNREGA Division)**

Krishi Bhavan, New Delhi
Dated: 22nd December 2017

To

**The Principal Secretary /Secretary /Commissioner
(In-charge of MGNREGA)
Department of Rural Development and Panchayati Raj
All States /UTs**

Subject: Training of State/ District/ Block Level officials on Good Governance Initiatives - reg.

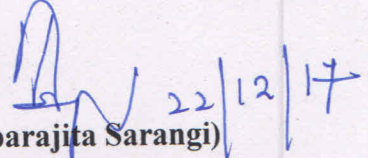
Sir/Madam,

A two-day National level workshop titled “**Good Governance in Administration of MGNREGS- Dissemination of Indicative Framework and sharing of Best Practices**”, was conducted on 28th – 29th November, 2017 in New Delhi. The aim of the workshop was to create a pool of Good Governance Resource Persons (GGRPs) in each State/ UT, who are required to further train the field functionaries in their respective State/ UT.

2. You are requested to conduct workshops on Good Governance Initiatives to train and orient the field functionaries at various administrative levels (District/ Block/ Gram Panchayat). It may also be ensured that the following datelines are adhered to;

- i. Sharing of Training Calendar by **28th December, 2017**.
- ii. All District Level trainings to be completed not later than **10th January, 2018**.
- iii. All Block Level trainings to be completed not later than **31st January, 2018**.

3. The States/UTs are requested to share the report on workshops conducted (as per the template annexed) along with 10 high resolution photographs of each workshop. Please send the requisite details to ak.sumbly@nic.in with a copy to gmgmgrega@gmail.com.


(Aparajita Sarangi)
Joint Secretary (MGNREGA)

Copy to:

1. Good Governance Team

Good Governance Initiatives Workshop

(One report for each workshop)

1. State :
2. Date : (from) - (to)
3. Venue :
4. Level of Workshop Participants (District/ Block/ Gram Panchayat officials):
5. Details of the Resource Persons presenting:

S. No.	Name of the Initiative	Name of the Presenter	Whether presented by GGRP (Yes/ No)	Mobile No. of Presenter	Email ID of Presenter

6. Details of the Participants (Trainees):

S. No.	Name of the District	Number of Participants

7. Photographs of the workshop:

Image 1	Image 2
Image 3	Image 4
Image 5	Image 6
Image 7	Image 8
Image 9	Image 10