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Santhi Nagar,  
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Ph : 0471-2713238  
**Dated: 01/03/2017**

**CG & AC/44333/2016**

## **Circular**

**Sub:-** Souhrida Club -Forwarding of Annual Activity Report of the year 2016-17 –  
reg.

**Ref:-** G.O.(Rt) 2912/2016/Gl. Edn. dated: 06/09/2017.

As per reference cited, Government have accorded administrative sanction to implement Souhrida Club programme in Higher Secondary Schools for the year 2016-17 Accordingly fund was allotted to each school for conducting school level activities.

Principals/Souhrida Co-ordinators of these schools are hereby directed to forward the report of the activities so far conducted, and utilization certificate before **13<sup>th</sup> March 2017** to the following address.

State Co-ordinator  
Career Guidance and Adolescent Counselling  
Directorate of Higher Secondary Education  
Housing Board Buildings,  
Santhi Nagar, Thiruvananthapuram-1.

Format of report and utilization certificate is enclosed. Report should be in A4 size paper. Vouchers/Receipts of the expenditure incurred in conducting the programme should **NOT** be forwarded along with the Report.

Fund for School level Activities for the year 2017-18 will be allotted to Schools that have submitted Annual Activity Report and Utilization Certificate in time.

*Sd/-*  
**M.S. JAYA, IAS**  
**DIRECTOR**

**DEPARTMENT OF HIGHER SECONDARY EDUCATION**  
**CAREER GUIDANCE & ADOLESCENT COUNSELLING CELL**

**SOUHRIDA CLUB**

**Annual Activity Report**  
**2016-17**

1. Name of School :
2. District :
3. Educational District :
4. School Code :
5. Phone No. of the School :
6. DDO Code of School :
7. Year of starting the Souhrida Club
8. Details of Souhrida Co-ordinator during the Academic Year 2016-17

| Sl. No. | Name and Designation | PEN | From | To |
|---------|----------------------|-----|------|----|
|         |                      |     |      |    |
|         |                      |     |      |    |
|         |                      |     |      |    |

9. Mobile No. of the present Souhrida Co-ordinator

**MANDATORY PROGRAMME**

10. Details of KNOW THYSELF Programme conducted (Classes on Mental Health and Reproductive Health)

| Sl. No. | Name and Designation of Resource Person | Subject of the programme | Date of the programme | Whether Resource Person is a teacher of Higher Secondary |
|---------|---|--------------------------|-----------------------|--|
| 1       |   |                          |                       |  |

|    |  |  |  |  |
|----|--|--|--|--|
| 2  |  |  |  |  |
| 3  |  |  |  |  |
| 4  |  |  |  |  |
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| 7  |  |  |  |  |
| 8  |  |  |  |  |
| 9  |  |  |  |  |
| 10 |  |  |  |  |

Add additional Sheets if required

11. Details of **AmmaAriyan** Programme conducted:

| Date and Venue | Name of Faculty and Designation | No. of Mothers attended the meeting |
|----------------|---------------------------------|-------------------------------------|
|                |                                 |                                     |

12. Whether Souhrida Day Programme has been conducted in your school. Give details of the guest of the day and number of skits presented by the students. Whether prizes has been given to best skit performance

13. Details of Students attended Two Days Student's Residential Training Programme.

| Name and class of Students attended the training Programme | Venue at which students attended the programme |
|--|--|
|  |  |

14. Whether Souhrida Co-ordinator has attended the Educational district level meeting.  
If so, name of the centre at which attended

15. Whether Souhrida Co-ordinator has attended the District Level Refresher Training Programme. If so, name of the centre at which attended

### ACTIVITIES

16. List of Class Convenors

| Sl. No. | Name | Class |
|---------|------|-------|
|         |      |       |

17. Name of School Convenors

| Sl.No | Name | Class |
|-------|------|-------|
|       |      |       |

18. Whether volunteers have been selected in your school. If so number of volunteers selected. Give the name of volunteers and class ( in separate sheet).

19. Details of activities taken up by the volunteers.

| Sl. No. | Name of Programme | Date and venue of Programme | No. of volunteers participated |
|---------|-------------------|-----------------------------|--------------------------------|
|         |                   |                             |                                |
|         |                   |                             |                                |
|         |                   |                             |                                |
|         |                   |                             |                                |
|         |                   |                             |                                |

20. Whether Drop Box have been placed in the school. Number of issues received from the Drop Box and mention the general issues

21. Whether Board of the Souhrida Club is placed in the school

22. Number of interventions (Counselling) made by the Souhrida Co-ordinators. Mention the main problems faced by the students identified during the interventions.

23. Number of cases reported to Kerala Mahila Samakhya Society/Child Line/Others. Specify the main issues of students for which the case was reported.

24. Any case of suicide or suicidal attempt reported from your School. If 'yes' give the number of attempt/suicides with reason.

25. Whether Sourhida Vedi Meeting have been convened. If so, give following details

| Sl. No. | Date of Meeting | No of persons attended the meeting | Major decisions taken |
|---------|-----------------|------------------------------------|-----------------------|
|         |                 |                                    |                       |
|         |                 |                                    |                       |
|         |                 |                                    |                       |
|         |                 |                                    |                       |
|         |                 |                                    |                       |

## INITIATIVES OF SOUHRIDA CO-ORDINATOR

26. Whether Souhrida Co-ordinator attended the FOCUS POINT Programme organized by the DHSE. If so name the centre at which attended.

27 Details of other programmes conducted in the school by the Souhrida Club Unit

| Sl. No. | Target/Beneficiary Group | Type of Programme | Date and Venue of Programme | Name and Designation of Resource Person |
|---------|--------------------------|-------------------|-----------------------------|---|
|         |                          |                   |                             |   |
|         |                          |                   |                             |   |
|         |                          |                   |                             |   |
|         |                          |                   |                             |   |
|         |                          |                   |                             |   |

Target /Beneficiary group means : Class/batch/first year/second year/humanities/science/commerce/computer science, etc.

Type of Programme means : awareness programme/exhibition/visit, etc.

Give descriptive details of innovative programmes conducted in your school (in separate sheet ) with photos

## DOCUMENTATION

28. Whether Activity Register is maintained by the Souhrida Co-ordinator

29. Whether Minutes of Souhrida Vedi is recorded and maintained in a register

30. Whether Intervention Register is maintained by the Souhrida Co-ordinator

31. Whether Drop Box Register is maintained by the Souhrida Co-ordinator

32. Whether Account Register is maintained by the Souhrida Co-ordinator

### ACCOUNTS

33. **Finance**

| Amount received from the Directorate | Amount utilized | Balance amount | Details of Refund |
|--------------------------------------|-----------------|----------------|-------------------|
|                                      |                 |                |                   |

34. Your suggestions for improving Souhrida Club programme in the next year.

Signature of Souhrida Co-ordinator

Counter Signature of the Principal

Place  
Date

(Seal)



**DEPARTMENT OF HIGHER SECONDARY EDUCATION**  
**CAREER GUIDANCE & ADOLESCENT COUNSELLING CELL**  
**SOUHRIDA CLUB**

Name of School :  
District :  
School Code :  
Amount Sanctioned :  
Date of Encashment :  
Name of Treasury :  
Details of refund :

**UTILISATION CERTIFICATE**  
**2016-17**

Certified that an amount of Rs.....(Rupees.....  
.....) has been  
utilized for conducting Souhrida Club activities in school out of the fund allotted for the  
school level activities under the head of account 2202-02-109-74(P) during the financial  
year 2016-17. The balance amount of Rs..... has been refunded vide chalan  
No. ....dated at .....Treasury.

Place

Dated Signature  
Name of the Principal  
Mobile No.

(Seal)