

Office of the Director of
Higher Secondary Education,
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PH. 2323198
Dated: 18/01/2018

CG&AC2/101425/2018

CIRCULAR

Sub: Souhrida Club: Selection for the special training by RIE, Mysore for Souhrida Co-ordinators-reg.

Ref: Letter No.P1/4295/2017/SCERT dated 12/01/2018

'Souhrida Club', the flagship programme of Career Guidance and Adolescent Counselling Cell of the Department of Higher Secondary Education Department has been extended to 1250 schools during the year 2017-18 Classes on Reproductive and Mental Health are conducted in all school as part of KNOW THYSELF Programme of Souhrida Clubs. As part of "Amma Ariyan" programmes, awareness class for mothers of the students of the first year on role of mothers on dealing adolescents are conducted at all Schools having Souhrida Clubs.

Regional Institute of Education, Mysore informed their willingness to conduct a 10 days training for the selected 40 Souhrida Co-ordinators with the support of SCERT Kerala in two spells of 5 days each. One spell of training will be in RIE, Mysore and one spell will be in Thiruvananthapuram. The tentative date of the first spell will be the first week of February and the next will be in the first week of March. The training programme will be focused on the counseling need of the Higher secondary schools in the state.

Interested teachers who have associated with the activities of the Souhrida Clubs can apply for the **"Special Training by RIE" in attached format with a write up about the counseling need of your school in a separate sheet.** The selected teacher should work as Souhrida Co-ordinator for three years and an undertaking in this regard has to be submitted at the time of applying. Interested teachers should submit applications to the following **address on or before 23/01/2018 and scanned copy to cgacdhse@gmail.com**

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

Sd/-

Director

To,
All Principals

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

Application for the Selection of SPECIAL TRAINING

01	Name (in Block Letters)	
02	Designation with Subject	
03	School Address	
04	Mobile Number @email address	
05	School Code	
06	District in which working	
07	Educational District in which working	
08	Age and Date of Birth	
09	Date of joining in Higher Secondary Education Department	
10	I. Educational Qualifications	
	II. Additional qualification in Psychology if any,	

11	Completed period of Service as Souhrida Co-ordinator	
12	No. of programmes conducted under Souhrida Club in the School during the year 2017-18	
13	Details of activities conducted in the school under Souhrida Club	
14.	Remarkable programme organized under Souhrida Club as Souhrida Co-ordinator.	
15.	Whether attended four days Introductory Training organized by DHSE If attended, Venue and date of the Training attended	
16	Whether attended the training at NIMHANS organized by DHSE. If yes, details of the training	
17	Whether attended the life skill training organized by the DHSE during 2016-17. If so give the name of the venue and date of the programme	

18	Whether students from your school has attended Students Residential Training Programme during the year 2017-18. If attended, give the name of students attended the programme	
19	Details of Published works related to Adolescent Counseling	
20	Details of Paper Presentation made in the seminars related to Career Guidance and Adolescent Counseling	

Signature of the Applicant

Place :

Date :

Countersignature of the Principal with date

(Seal)

UNDERTAKING

I.....of.....
.....Higher Secondary School

hereby affirm that on completion of the special training Programme by the RIE, Mysore, I will associate with the district level activities of Career Guidance and Adolescent Counselling Cell, DHSE and work as Co-ordinator of Souhrida Clubs for the ensuing three years.

If any lapse occurred from my part in fulfilling the above obligation, I shall be liable to refund the whole expenses incurred for my training.

Signature
Name

Date

Place

Countersignature of the Principal

Seal of the school