Office of the Director of HigherSecondary education, Housing Board Building, SanthiNagar, Thiruvananthapuram.

Date:26.02.2015

CG&AC/156/2015

CIRCULAR

Sub: Souhrida Club: Special Training for Souhrida Co-ordinators at National Institute of Mental Health and Neurosciences, Bangalore-Applications invited-reg

Ref: G.O.(Rt) 3369/2014/Gl.Edn dated 22/08/2014

With a view to update the Souhrida Co-ordinators in adolescent Care and Support, Career Guidance and Adolescent Counselling Cell is organizing a four days' residential workshop at India's premier institute in Mental Health "National Institute of Mental Health and Neurosciences, Bangalore. (NIMHANS). It is proposed to conduct the workshop from 30th March to 2nd April 2015 at NIMHANS.

Teachers who are working as Souhrida Co-ordinators for the last two years and are willing to associate with the activities of Souhrida Club in the district for a minimum period of three years can apply for selection to the Special Training Programme.

Interested teachers should submit application for selection to the Special Training Programme in the prescribed format along with the following documents.

- 1. Bio data of the applicant
- 2. An undertaking by the teacher in the given format duly countersigned by the Principal
- 3. Write up of the activities taken up as Souhrida Co-ordinator of the school.

The application with all the enclosures should be forwarded to the following address before 10th March 2015. Late and incomplete applications will be rejected.

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

DIRECTORATE OF HIGHER SECONDARY EDUCATION CAREER GUIDANCE AND ADOLESCENT COUNSELLING CELL

<u>Application for the Selection to the Special Training Programme at NIMHANS, Bangalore</u>

1	Name (in Block Letters)	
2.	Designation with Subject	
3	District in which working	
4	School Address	
5	School Code	
6	Age and date of birth	
7	Mobile No.	
8	Completed years of service in Higher Secondary	
9	Educational Qualification	
10	Whether Souhrida Co-ordinator	
11	Completed years of experience as Souhrida Co-ordinator	

12	Whether attended four days residential introductory training Programme organized by DHSE. If so, specify the venue of the programme attended and date of programme.				
13.	Whether attended one day Refresher Training Programme organized during the academic year 2014-15. If so, give the name of venue and date of Programme				
14.	Whether Annual Report and Utilization Certificate of the fund allotted for the academic year 2013-14 has been submitted to DHSE				
15	Amount received for Souhr activities in the school from Directorate during the acadyear 2014-15	n the lemic			
16.	Details of the programme of Souhrida Club conducted in the School during the Academic year 2014-15			n the School during the	
Sl.No	. Date of the Programme	Name and designation of the Faculty		Subject of the Programme	

17	Whether Students from you School attended Students T Programme. If so, give the is students attended, venue o programme and date of Tra Programme	raining name of f the		
18.	Whether Amma Ariyan Programme was Conducted in your school. If yes, give the date of the Programme			
19	Whether included in the Sp Faculty members selected l for conducting classes of Sc Club.	oy DHSE		
19.a	If yes, Give details of the cla conducted	isses		
Sl.no	Name of School	Subject of taken	on which class	Date of Class

20.	Whether any counselling of students have been done in the School. If yes, give the no of students who have attended counselling and the major problems identified.				
21.	Details of documents attached				
21.a	Undertaking duly countersigned by the Principal				
21.b.	Write up on the activities taken in the school as Souhrida Coordinators				
21.c	Bio Data				
Place Date Signature of the Applicant Counter signature of the Principal with remarks					
Gouin	teer signature of the Frincipal with	ar remarks			
Place		Name:			

Signature

Date

UNDERTAKING

Ι			of		
	Higher	Secondary	School		
hereby affirm that o	n completio	on of the Special	Training		
Programme at National Institute of Mental Health	and Neuros	ciences, Bangalo	ore, I will		
associate with the district level activities of Career G	Guidance and	d Adolescent Co	unselling		
Cell, DHSE for the ensuing three years.					
If any lapse occurs from my part in fulfilling the above obligation, I shall be liable					
to refund the whole expenses incurred for my training.					
Date					
Place	Signat	ture			
	Name				
Countersigned by the Principal					

Seal