

CG&AC/39576/2015

Office of the Director of
Higher Secondary Education,
Housing Board Buildings,
Santhi Nagar, Thiruvananthapuram
Dated: 01.09.2015

CIRCULAR

Sub: Souhrida Club: Selection of Special Faculty Members for Souhrida Programmes-reg

Ref: 1.G.O.(Rt) 2927/2015/GlEdn dated 20/07/2015

‘Souhrida Club’, the flagship programme of Career Guidance and Adolescent Counselling Cell of the Department of Higher Secondary Education Department has been extended to 1202 schools during the year 2014-15. 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.

The major problem faced by the department is the non-availability of faculty at schools of remote areas. Hence department has decided to equip teachers who have the skill and ability to conduct adolescent related classes. One teacher from each educational district will be selected as Special Faculty Members. They will be given four days residential training at **CHILD DEVELOPMENT CENTRE, Medical College, Thiruvananthapuram**.

Interested teachers who have associated with the activities of the Souhrida Clubs can apply for the **“Special Faculty Members” in attached format**. The teachers should be Souhrida Co-ordinators for a minimum period of one year. The selected teacher should work as Souhrida Co-ordinator and Special Faculty Member 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 before 9th September 2015**

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

State Co-ordinator

To,

All Principals

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

Application for the Selection of SPECIAL FACULTY MEMBER

| | | |
|----|--|--|
| 01 | Name (in Block Letters) | |
| 02 | Designation with Subject | |
| 03 | School Address | |
| 04 | Mobile Number | |
| 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 | Educational Qualification | |

| | | |
|-----|---|--|
| 11 | Completed period of Service as Souhrida Co-ordinator | |
| 12 | No. of programmes conducted under Souhrida Club in the School during the year 2014-15 | |
| 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 during 2014-15 | |
| 17 | Whether attended the life skill training organized by the DHSE during 2015-16 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 2014-15. 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 Train the Trainers Programme at Child Development Centre, Medical College, Thiruvananthapuram, I will associate with the district level activities of Career Guidance and Adolescent Counselling Cell, DHSE and work as Special Faculty Member of the Souhrida Clubs at Schools in the district 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