

Office of the Director of
Higher Secondary Education,
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Phone No: 2323198.
Date: 10/01/2023

CG&AC / 5025 /2022/DGE

CIRCULAR

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

Ref:- G.O.(Rt) 3362/2022/G.Edn dated 02/06/2022

As part of student centric programme, Souhrida club functions in 1680 Higher Secondary Schools. With a view to update the Souhrida activities related to adolescent Care & Support in Mental Health five days Advanced residential workshop is arranged for Souhrida coordinators at India's premier institute "***National Institute of Mental Health and Neurosciences, Bangalore (NIMHANS)***". For the academic year 2022-23, it is proposed to arrange training for 40 Souhrida Coordinators.

Applications are invited from the 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.

Applicants should satisfy following criteria:

1. Applicant should be a Souhrida Co-ordinator for a minimum period of two years.
2. Applicant should have submitted the Annual Report and Utilization Certificate for the year 2021-22 in time.
3. Applicant should have attended the Educational District Level Meeting -2022-23 at their district. Copy of the duty certificate should be attached with the application form.
4. Students from the applicant's school should have attended the Students Training Programme conducted at their district.
5. Applicant should have organized Souhrida Day in their school for the year 2022.
6. Souhrida Co-ordinator should have completed all the Souhrida programmes such as Reproductive Health, Mental Health and Makkale Ariyan.

7. Preference will be given to applicants who have attended Introductory Training Programme, Life Skill Training Programme, Train the Trainers Programme at Child Development Centre, Thiruvananthapuram.
8. **The Souhrida co-ordinators, who had attended the NIMHANS training previously, need not apply.**

The Souhrida coordinators who are interested in attending the training and satisfying above criteria shall submit the application in the prescribed format along with the following documents.

1. An undertaking by the teacher in the given format duly countersigned by the Principal.
2. Write up of the activities taken up as Souhrida Co-ordinator of the school.
3. Copy of the Duty Certificate of the Educational district level meeting attended.

The application with all the enclosures should be forwarded to the following address and scanned copy should be mailed to **nimhanscgadhse@gmail.com** on or before **24/01/2023**.

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

Sd/-
Director of General Education

DIRECTORATE OF GENERAL EDUCATION

(Higher Secondary Wing)

CAREER GUIDANCE AND ADOLESCENT COUNSELLING CELL

Application for the Selection to the Special Training Programme at NIMHANS, Bangalore

1	Name of Souhrida Co- Ordinator (in Block Letters)	
2.	Designation with Subject	
3.	Age and Date of Birth	
4.	Mobile No.	
5.	District in which working	
6.	School Code	
7.	School Address	
8	Completed years of service in Higher Secondary	
9	Educational Qualification	
10	Whether presently Souhrida Co- ordinator of the school.	

18	Details of Classes on Mental Health Programme conducted in the school		
Sl.No.	Date of the Programme	Name of Faculty	Class to which Programme conducted
19	Whether Makkaleariyan Programme conducted in your school. If yes, give the date of the Programme, name of faculty and no. of mothers attended the programme.		
20	Whether attended four days residential introductory training Programme organized by DHSE. If yes, specify the venue of the programme and date of programme attended.		
21	Whether attended Five days Residential Life Skill Training Programme. If yes, specify the name of the venue and date of Programme attended.		
22	Whether attended Train The Trainers Programme organized by DHSE . If yes give the date of the programme attended and no. of classes taken in other schools with subject		
24	If attended the Train the Trainers Programme at CDC, give the details of classes taken in other schools		

	Name of the School	Date of the Programme	Subject of the Class taken

(Attach separate sheet if required)

25	Details of documents attached	
25.a	Undertaking duly countersigned by the Principal	
25.b.	Write up on the activities taken in the school as Souhrida Co-ordinators	
26.c	Duty Certificate of Educational District Meeting attended	

Place
Date

Signature of the Applicant

Counter signature of the Principal with remarks
Place
Date

Name:
Signature

Seal

UNDERTAKING

I.....of
.....Higher Secondary School
.....hereby affirm that on completion of the Special Training Programme at National Institute of Mental Health and Neurosciences, Bangalore, I will associate with the district level activities of Career Guidance and Adolescent Counselling Cell, HSE for the ensuing four 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

Signature

Name

Countersigned by the Principal

Seal