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**CG & AC-2/ 2601 /2019/HSE**

**Dated: 25/02/2020**

## **Circular**

**Sub:-** Souhrida Club -Forwarding of Annual Activity Report of the year 2019-20 –reg.

**Ref:-**G.O.(Rt) No. 1995/2019/Gl.Edn. dated: 29/05/2019.

As per reference cited, Government have accorded administrative sanction to implement Souhrida Club programme in Higher Secondary Schools for the year 2019-20. 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 **15<sup>th</sup> March 2020** to the following address.

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

Format of report and utilization certificate is enclosed. Reports should be in A4 size paper. Vouchers/Receipts of the expenditure incurred in conducting the programme should **NOT** be forwarded along with the Report. A soft copy of the report forwarded to the e-mail :- [souhrida2018@gmail.com](mailto:souhrida2018@gmail.com). The unutilized amount should be surrendered and reported

Fund for School level Activities for the year 2020-21 will be allotted to Schools that have submitted Annual Activity Report and Utilization Certificate in time.

**Sd/-**  
**Director General Education (I/C)**

**To**

- 1. The RDD's**
- 2. The Principals (through HSE portal)**
- 3. Souhrida Coordinators**

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

**SOUHRIDA CLUB**

**Annual Activity Report**  
**2019-20**

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 2019-20

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 With Mobile Number	Subject of the programme	Date of the programme	Whether Resource Person is a teacher of Higher Secondary
1				
2				
3				

4				
5				
6				
7				
8				
9				
10				

Add additional Sheets if required

11. Details of **Makkale ariyan** Programme conducted:

Date and Venue	Name of Faculty and Designation With Mobile Number	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 Introductory/any other residential Training Programme. If so, name of the centre at this attended Give details of the programme.

### **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.

(a)No of attempt	(b)No of Suicide

(c)Attach a detailed report with counter signature of Principal.

25. Whether SourhidaVedi 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**  
**2019-20**

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 2019-20. The balance amount of Rs..... has been refunded vide chalan  
No. ....dated at .....Treasury.

Place

Dated Signature

Name of the Principal

Mobile No.

(Seal)