

Office of the Director of
HigherSecondary education,
Housing Board Building,
SanthiNagar,
Thiruvananthapuram.
Date: 25/11/2015

CG&AC 70304/2015

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) 2927/2015Gl.Edn dated 20/07/2015

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 during the month of January 2016 at NIMHANS, Bangalore.

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. 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 2014-15 in time.
3. Applicant should have attended the Educational District Level Meeting -2015 at their district. Copy of the duty certificate should be attached with the application form
4. Students from the applicant's school have attended the Students Training Programme conducted at their district.
5. Applicant should have organized Souhrida Day in their school.
6. Souhrida Co-ordinator should have completed all the programmes in the school (classes on Reproductive Health, Mental Health and Amma Ariyan)
7. Preference will be given to applicants who have attended Introductory Training Programme, Life Skill Training Programme and Train the Trainers Programme at Child Development Centre, Thiruvananthapuram.

Interested teachers should submit application for selection to the Special Training Programme 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 before **10th December 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

State Co-ordinator

DIRECTORATE OF HIGHER SECONDARY EDUCATION

CAREER GUIDANCE AND ADOLESCENT COUNSELLING CELL

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

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 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 Amma Ariyan 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 at Child Development Centre, Thiruvananthapuram. If yes give the date of the programme attended and no of classes taken in other schools with subject		

23	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)

24	Details of documents attached	
24.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, 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

Signature

Name

Countersigned by the Principal

Seal