



STATE COUNCIL FOR OPEN AND LIFELONG EDUCATION - KERALA [SCOLE-Kerala]
 [Formerly Kerala State Open School (KSOS)]
 Vidyabhavan, Poojappura, Thiruvananthapuram -695012

Phone: 0471 2342950, 2342271, 2342369, email : scolekerala@gmail.com, info@scolekerala.org, web:www.scolekerala.org

VHSE - ADDITIONAL MATHEMATICS: 20.....-20.....
Statement of Personal Contact Programme

District:

Name of Study Centre and School Code:Ph:.....

Name of Principal: Mob. No:

Name of Resource Teacher and Address:

..... Mob. No:

Name of Bank: A/c No.....

Branch:IFS Code:

E-mail ID of School:

E-mail ID of Co-ordinating Teacher:.....

No. of Batches: Ist year , IInd year

Sl. No.	Name of school	No. of Students	
		I st Year	II nd year
Total			

Date:

Signature of Principal:
(Study Centre)

Office Seal:

Name and Address:



VHSE FORM: 2

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VHSE - ADDITIONAL MATHEMATICS: 20.... -20....
Attendance of Teachers (Class XI)

District:

Study Centre:School Code:.....

Name & Designation of Resource Teacher:

..... Mobile:

First Batch			
Date of Contact class	Duration	No. of hours	Signature
Total hours			

Second Batch			
Date of Contact class	Duration	No. of hours	Signature
Total hours			

Signature (Resource Teacher)

Signature (Principal)
 Name
 (Designation Seal)

(Office Seal with date)



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VHSE - ADDITIONAL MATHEMATICS: 20.... -20....
Attendance of Teachers (Class XII) (Theory)

District:

Study Centre:School Code:.....

Name & Designation of Resource Teacher:

..... Mobile:

First Batch			
Date of Contact class	Duration	No. of hours	Signature
Total hours			

Second Batch			
Date of Contact class	Duration	No. of hours	Signature
Total hours			

Signature
(Resource Teacher)

Signature (Principal)
Name
(Designation Seal)

(Office Seal with date)



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VHSE - ADDITIONAL MATHEMATICS: 20.... -20....
Attendance of Teachers (Class XII) (Practical)

District:

Study Centre:School Code:.....

Name & Designation of Resource Teacher:

..... Mobile:

First Batch (Practical)			
Date of Contact class	Duration	No. of hours	Signature
Total hours			

Second Batch (Practical)			
Date of Contact class	Duration	No. of hours	Signature
Total hours			

Signature
 (Resource Teacher)

Signature (Principal)
 Name
 (Designation Seal)

(Office Seal with date)

VHSE - ADDITIONAL MATHEMATICS: 20..... -20.....
Attendance of Students (Class XI)

District:

Study Centre:School Code:.....

Name & Designation of Resource Teacher:

..... Mobile:

First Batch				
Sl. No.	Date of Contact Class	Admission No.	Name of student	Signature

Second Batch				
Sl. No.	Date of Contact Class	Admission No.	Name of student	Signature

Signature
(Resource Teacher)

Signature (Principal)
Name
(Designation Seal)

(Office Seal with date)



VHSE - ADDITIONAL MATHEMATICS: 20.... -20....
Attendance of Students (Class XII) (Theory)

District:
 Study Centre:School Code:.....
 Name & Designation of Resource Teacher:
 Mobile:

First Batch				
Sl. No.	Date of Contact Class	Admission No.	Name of student	Signature

Second Batch				
Sl. No.	Date of Contact Class	Admission No.	Name of student	Signature

Signature (Resource Teacher) Signature (Principal)
Name
(Designation Seal)

 (Office Seal with date)



VHSE - ADDITIONAL MATHEMATICS: 20.... -20....
Attendance of Students (Class XII) (Practical)

District:

Study Centre:School Code:.....

Name & Designation of Resource Teacher:

..... Mobile:

First Batch (Practical)				
Sl. No.	Date of Contact Class	Admission No.	Name of student	Signature

Second Batch (Practical)				
Sl. No.	Date of Contact Class	Admission No.	Name of student	Signature

Signature
(Resource Teacher)

Signature (Principal)
Name
(Designation Seal)

(Office Seal with date)

RECEIPT

Received a sum of Rs.(in figure).....
(in words) from the Executive Director, SCOLE-
 Kerala, Vidyabhavan, Poojappura, Thiruvananthapuram (through NEFT/RTGS transfer on
) being the amount sanctioned for VHSE Additional Mathematics remuneration
 to Principal and Teachers in connection with conduct of contact classes during the academic year
 20..... - 20..... Ist and IInd year.

Name of Exam Centre:..... Centre Code.....

District: Name of the SBI Branch :

A/C No. IFS Code

(Seal with date) Signature :
 Name (Principal) :

*Please affix
 Revenue
 Stamp here*

(Designation Seal)

UTILISATION CERTIFICATE

This is to certify that the sanctioned amount of Rs. (Rupees
 only) for conducting PCP classes to the
 VHSE Additional Mathematics students of SCOLE-Kerala in 20.... - 20.... Ist and IInd year has
 been utilized for the above said purpose.

Name of Exam Centre : Centre Code

District:.....

(Seal with date) Signature :
 Name (Principal) :

(Designation Seal)

VHSE - ADDITIONAL MATHEMATICS: 20..... - 20
Acquittance Register

District:

Name of Study Centre and School COde:

Class: XI XII (Please ✓)

A. For Resource Teacher

Sl. No.	Name & Designation of Resource Teacher	Details of Contact Class (Theory and Practical)			*Total Amount (@ Rs. 200/- per hour)	Signature
		No. of Batches	No. of Days	Total Hours		
I st Year						
II nd Year						
Total						

***Affix revenue stamp if the amount is above Rs. 5000/-**

<i>Please affix Revenue Stamp here</i>
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(Signature)

B. For Principal

Sl. No.	Name of Principal	Amount (@ Rs. 250/- per year)	Signature
I st Year			
II nd Year			
Total			