



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

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

<b>ADDITIONAL MATHEMATICS: 20..... - 20.....</b>
<b>Higher Secondary / Vocational Higher Secondary</b>
<b>Statement of Personal Contact Programme</b>

District: ..... School Code: .....

Name of Study Centre : .....

E-mail ID of Study Centre: ..... Contact. No : .....

Name of Principal: ..... Mob. No: .....

Name of Co-ordinating Teacher: : ..... Mob.No: .....

<b>Bank Account Details Of Study Centre</b>	
Name of Account Holder : ..... Name of Bank : .....	
A/C No : ..... IFS Code: ..... Branch : .....	
(Please Attach one Clear copy of Bank Pass book)	

No. of Batches: ..... , I<sup>st</sup> / II<sup>nd</sup> year

Sl. No.	Name of Parent School	No. of Students
		I <sup>st</sup> / II <sup>nd</sup> year
<b>Total</b>		

Date:

Signature of Principal:  
(Study Centre)



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<b>ADDITIONAL MATHEMATICS: 20..... - 20.....</b>
<b>Higher Secondary / Vocational Higher Secondary</b>

**(Theory / Practical)**

District: .....

Study Centre: .....School Code : .....

Name of Teacher : ..... Mobile: .....

Attendance of Teacher							
..... Batch				..... Batch			
Date of PCP Class	Duration	No of Hours	Signature	Date of PCP Class	Duration	No of Hours	Signature
<b>TOTAL</b>				<b>TOTAL</b>			

Signature

Signature (Principal)  
Name

(Office Seal with date)







**HSE/VHSE ADDITIONAL MATHEMATICS - PCP CLASSES**

***RECEIPT***

Received a sum of Rs. ....( in figure ).....

.....(in words) from the Executive Director,

SCOLE-Kerala, Vidyabhavan, Poojappura, Thiruvananthapuram (through NEFT/RTGS trans-

fer on .....) being the amount sanctioned for HSE/VHSE Additional

Mathematics remuneration to Principal /Co-Ordinating Teacher/ Teacher and O.A in con-

nection with conduct of PCP classes during the academic year 20..... - 20..... I<sup>st</sup> / II<sup>nd</sup> year.

Name of Study Centre:..... Centre Code : .....

District: ..... Name of the Bank: .....

A/C No. .... IFS Code : ..... Branch : .....

(Seal with date)

Signature:  
Name (Principal):

*Please affix  
Revenue  
Stamp here*

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

(Designation Seal)

***RECEIPT FOR CONTINGENCY***

Received a sum of Rs. ....( in figure ).....

.....(in words) from the Executive Director,

SCOLE-Kerala, Vidyabhavan, Poojappura, Thiruvananthapuram (through NEFT/RTGS trans-

fer on .....) being the amount sanctioned for HSE/VHSE Additional

Mathematics Stationery, Contingency Charges in connection with conduct of PCP classes

during the academic year 20..... - 20..... I<sup>st</sup> / II<sup>nd</sup> year.

Name of Study Centre:..... Centre Code : .....

District: ..... Name of the Bank: .....

(Seal with date)

Signature :  
Name (Principal):

(Designation Seal)

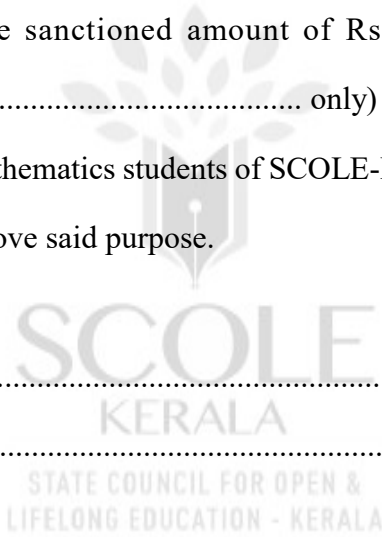
**HSE/VHSE ADDITIONAL MATHEMATICS - PCP CLASSES**

***UTILISATION CERTIFICATE***

This is to certify that the sanctioned amount of Rs. .... (Rupees  
 ..... only) for conducting PCP classes to the  
 HSE/VHSE Additional Mathematics students of SCOLE-Kerala in 20.... - 20.... I<sup>st</sup> / II<sup>nd</sup> year  
 has been utilized for the above said purpose.

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

District:.....



(Seal with date)

Signature :

Name (Principal) :

(Designation Seal)

Signature  
 (Co-ordinating Teacher)

(Office Seal with date)

Signature (Principal)  
 Name  
 (Designation Seal)



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**HSE/VHSE - ADDITIONAL MATHEMATICS: 20..... - 20 .....**

**Acquittance Register**

District: .....School Code : .....

Name of Study Centre : .....

Class: XI  XII  (Please ✓)

**A. For Teacher (@ Rs. 200/- Hours per hour)**

Sl No	Name	Amount	Signature

**B. For Principal (@ Rs.1000 per Year)**

Sl No	Name	Amount	Signature

**C. For Co-ordinating Teacher (@ Rs.500 per Year)**

Sl No	Name	Amount	Signature

**D. For Office Attendant (@ Rs.300 per Year)**

Sl No	Name	Amount	Signature

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

Signature  
(Co-ordinating Teacher)

(Office Seal with date)

Signature (Principal)  
Name  
(Designation Seal)