

**Annexure I**



**KERALA STATE OPEN SCHOOL**

**VHSE – Additional Mathematics – 20..... – 20.....**

**STATEMENT OF PERSONAL CONTACT PROGRAMME (PCP)**

Name of Study Centre :

District :

Name of Principal :

Name of Resource Teacher in Mathematics & Address :

Number of students

| No.   | Name of School | No. of Students      |                      |
|-------|----------------|----------------------|----------------------|
|       |                | 1 <sup>st</sup> Year | 2 <sup>nd</sup> Year |
| 1     |                |                      |                      |
| 2     |                |                      |                      |
| 3     |                |                      |                      |
| 4     |                |                      |                      |
| 5     |                |                      |                      |
| 6     |                |                      |                      |
| 7     |                |                      |                      |
| 8     |                |                      |                      |
| 9     |                |                      |                      |
| 10    |                |                      |                      |
| 11    |                |                      |                      |
| Total |                |                      |                      |

Date:

Signature of Principal :

Office Seal:

Name and Address :

Annexure II



**KERALA STATE OPEN SCHOOL**

**VHSE – Additional Mathematics – 20..... – 20.....**

**ATTENDANCE OF TEACHERS**

| Date | Name and Designation of Teachers | XI/ XII Details of Class |            |           |          |          |          | Total |
|------|----------------------------------|--------------------------|------------|-----------|----------|----------|----------|-------|
|      |                                  | *1<br>10-11              | 2<br>11-12 | 3<br>12-1 | 4<br>2-3 | 5<br>3-4 | 6<br>4-5 |       |
|      |                                  |                          |            |           |          |          |          |       |

*\* Score of which is not applicable*

Date:

Signature of Principal :

Office Seal:

Name and Address :

Annexure III



**KERALA STATE OPEN SCHOOL**

**VHSE – Additional Mathematics – 20..... – 20.....**

**ACQUITTANCE OF TEACHERS**

District: ..... Study Centre: .....

Class : XI/ XII Year: .....

**A. For Resource Teacher**

| Sl. No. | Name and Designation of Resource Teachers | Details of Contact |            | Amount (@ 100/- per year) | Signature |
|---------|---|--------------------|------------|---------------------------|-----------|
|         |   | No. of Spells      | Total Hrs. |                           |           |
|         |   |                    |            |                           |           |

**B. For Principal**

| Sl. No. | Name and Address of Principal | Amount (@ 250/- per year) | Signature |
|---------|-------------------------------|---------------------------|-----------|
|         |                               |                           |           |

Office Seal:

