

APPLICATION FORM
For

Proposals for financial assistance under the Scheme of Financial Assistance for Higher Competitive Examination to Scheduled Castes and Backward Classes candidates through private institutions.

Note:

1. It is mandatory for the applicant to fill all the columns. Incomplete application forms will be summarily rejected without any notice. A soft copy in a virus free CD/Pendrive to be also submitted.
2. Unsigned application form will be summarily rejected without any notice.
3. The application form and all annexures should be properly indexed by putting page no. and index should be placed on the top of the application form.

I. Details of Universities/Private Institutions:

S. No.	Particulars	To be filled by Institution
1.	Name of the Institution and full address	
2.	(a) Name of Head/Chairperson/President (b) Name of Secretary	
3.	Date of establishment	
4.	Brief history and account of activities of the organization since its inception	
5.	Proposed centers for providing coaching along with address	
6.	Latest landline telephone no. with STD code	

7.	Mobile no. of Chairperson/President and Secretary	
8.	E-mail address of the coaching institution	
9.	Name of Act under which registered	
10.	Details of registration and date of expiry (attested photocopy of registration to be enclosed)	Registration No.: Date of registration: Date of Expiry:
11.	Details of Management Committee/Governing Body (if applicable).	As per Annexure-I
12.	Constitution/MoA and bye-laws of the organization(copy to be attached)	
13.	Income and expenditure statement and Balance Sheet for previous 3 years, certified by Chartered Accountant or Government Auditor to be attached.	

II. Suitability of coaching institution

S. No.	Particulars	To be filled by Institution
1.	Experience of the coaching institution in the relevant field (should not be less than 5 years)Years
2.	Whether the institution has its own building and sufficient space to organize coaching for the number of SCs and BCs students proposed for imparting coaching	
3.	Other infrastructure available for imparting coaching like audio-visual facility, library etc.	
4.	Whether the institution has been declared bankrupt at any point of time	Yes/No
5.	If yes, reasons thereof	
6.	Whether the institution has been blacklisted by any institution of the Government at any point of time, if so the details thereof.	

III. Details of courses run by the Institution from its own funds during last 3 years.

(Please attach details of successful/placed students, Roll No., Name, address and Mobile number along with copy of published result/ details of placement, wherever applicable)

S.No.	Year	Name of the courses	Total no. of students coached	No. of successful /placed students	Percentage of successful students
1	2	3	4	5	6

Note: If the universities/institutions run coaching in more than one centre, they are required to give the above details separately for each coaching centre in the same format.

IV. Details of the proposal

S.No.	Details of proposed centre	Name of Courses For which the Coaching is being Proposed	Duration of the courses (in months)	Total No. of candidates proposed to be coached	Break up of local and outstation candidates	Consolidated proposed fee(Rs.)	Total amount (Rs.)
1	2	3	4	5	6	7	8

V. Details of Faculty

S.No.	Name of Faculty	Qualification of the Faculty	Experience of the Faculty in Coaching for competitive Exams.	Any other credentials
1	2	3	4	5

Note: Universities/Institutions are required to give centre wise details of faculty.

VI. Bank details of the Organization for transfer of funds :

S.No.	Particulars	To be filled by University/ Institution
1	Name and full address of the Bank where the University/ Institution desires to receive the financial assistance from the department.	
2	MICR/IFSC code of the branch of the Bank	
3	Nature of account(current/saving) and correct account no.	

VII. Details of Annexure (to be enclosed as prescribed in the guideline)

- 1.
- 2.
- 3.
- 4.

Declaration

I hereby solemnly affirm that the information given above is true to the best of my knowledge.

Date
Place

Signature of the Head/Chairperson/ Secretary
Name of the Signing Authority Official Stamp
of the Organization

3. Declaration:

1. It is certified that the composition of the above Managing Committee/Governing Body is in accordance with the approved Bye laws and Memorandum of Association of the Organisation.

2. It is certified that the above Managing Committee was elected by the General Body in its meeting held on_____. The life of the Committee is from_____to_____.

3. It is certified that the instant proposal has the consent of all the aforesaid members including the members belonging to Scheduled Castes and Backward Classes.

Place:	Signature of the Head/Chairperson/President/Secretary
Date:	Full Name of the signatory
	Designation
	Seal of the Organisation

