

Part-I & II

FORMAT for Regular Component

Government of India
Ministry of Minority Affairs

Proposal for Empanelment of Coaching Institutions under Free Coaching and Allied Scheme during (2017-18)

I. Details of Coaching Institution (hereinafter Organization):

Sl. No.	Particulars	Information
1	Name of Organization (If name of Coaching Institution is different than the name of organization, please indicate clearly)	Name of Organization: Name of Coaching Institution:
2	Address of Organization (in case Address of registered Headquarter is different than Address of Correspondence, please give both Addresses separately)	Registered Address: Address for Correspondence: Tel No. Email-id : Address of Coaching Institution: Tel: Email- id:
3	Whether Society/Trust/Company/Others	
4.	Whether registered at NGO Portal of NITI Aayog, if yes UID No.	
5.	Date of Registration/ date of renewal (if applicable) with valid Registration Number (Please enclose a legible copy of valid Registration Certificate. If it is in other language, it should be	

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	translated in Hindi or English and attested by District Minority Welfare Officer)	
6.	Name of President/Chairman/CEO	
7.	Name of Secretary	
8.	Telephone/Mobile*	
9.	Email*	

*To be communicated in case of any changes from time to time.

II. Own Branches/Centres of the Coaching Institution:

Sl. No.	Particulars	Information
1	Names of District(s) with State where Branches/Centres owned by the organization (not franchise) are available	1. 2. 3. 4.
2	Names of Minority Communities available in each District (Muslims, Christians, Sikhs, Buddhists, Parsis, Jains). Mention District -wise.	

III. Branch or Centre-wise list of Faculties engaged for Coaching (Please give separate Tables for each Centre) :

S. No.	Name of Faculty	Male/Female	Educational Qualification	Expert in which subject	Experience (in years)	Regular or Part Time*

*Regular means - on the pay roll of the Coaching institution.

IV. Specialization of Coaching Institution (Based on success in past three years):

Sl. No.	Particulars	Information
1	Pre-medical/Pre-Engineering	Yes/No
2	Management	Yes/No
3	UPSC/State Public Service Commission/SSC	Yes/No
4	Others (Please specify name of Courses)	

V. Whether organization has ever been blacklisted, if so, please indicate:

- (i) Name of Blacklisting Authority:
- (ii) Date of Blacklisting:
- (iii) Reason from blacklisting:
- (iv) Date of deletion of name from Blacklist:

VI. Branch/Centre-wise Infrastructure available with the organization for Coaching (Separate Table for Each Centre):

Sl. No.	Particulars	Information
1	Location and Address of Building	
2	Facilities in the building	No. of Class Rooms: No. of Toilets: Whether Library is available, if yes number of books available :
3	Whether building is rented or owned	
4	If rented, indicate lease period (if any). Enclose copy of lease deed.	
5	Whether hostel is available, please indicate	No. of Rooms in hostel: No. of toilets: Facilities of electric/water: Yes/No Facility of Kitchen/mess: Yes/No Sleeping arrangements: Yes/No Security arrangements: Yes/No*

*At least two security staff should be for hostel for girls.

VII. Whether Audited Accounts (with Auditor's Report) for last Three years attached:

Yes/No

VIII. Results of Coaching of previous Years (if applicable):

Year	No. of Students Coached	No. of Girls (Out of total Coached)	Name of Examination for which Coaching Imparted	Number of Students qualified in the exams	%age of selection

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				Boys	Girls	Total	

IX. Results of Coaching of previous Years for (if applicable):

Year	No. of Minority Students Coached	No. of Minority Girls (Out of total Coached)	Name of Examination for which Coaching Imparted	Number of Minority Students Qualified			%age of selection
				Boys	Girls	Total	

X. Past Experience of Government Sponsored Coaching Programmes (if applicable):

Year	Whether Project of Central or State Government (If State Government, name the State)	District where Coaching Programme was run (with Address)	No. of Total Students awarded in the Project	No. of Minority Students (out of the total awarded students)	
				Boys	Girls

XI. Comparative details of coaching programme being conducted/to be conducted by the coaching/training Institute:-

For coaching/ of candidates from minority communities as proposed by the Institute			For coaching of other candidates under the Institute's normal coaching/training programme for same course			For coaching/training programme run by other Institutes in the locality			
Name of coaching course/ training programme	Duration		Fee charged per candidate	Duration		Fee charged per candidate	Duration		Fee charged per candidate
	Days	Hours		Days	Hours		Days	Hours	

XII Declaration by President/Secretary/CEO of the Organization

I,President/Secretary of
....., son / daughter / wife of
.....resident
of..... (Address) hereby
declare that the information given above is true to the best of my knowledge.
The organization takes the responsibility of security of girls during coaching
period, especially for girls who would undergo Residential Coaching.

Signature of President or Secretary/CEO
(Give Full Name Signing Authority)
Official Stamp

XIII Lists/Documents to be enclosed:

- (i) All Documents as mentioned in the list enclosed.
- (ii) Managing Committee of Organization.

(Note : each page of Part I & II and attached documents be signed by signing authority)

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INSPECTION REPORT

(TO BE CONDUCTED BY DISTRICT MINORITY WELFARE OFFICER OR THE OFFICER AUTHORIZED BY STATE GOVERNMENT/DISTRICT MAGISTRATE/COLLECTOR/DEPUTY COMMISSIONER OF THE DISTRICT IN WHICH COACHING INSTITUTE/ORGANIZATION CENTRE SITUATED). (Each page of the Inspection Report be Signed by the Inspecting Authority)

- (1) (i) Name of the organisation:
- (ii) Complete address of registered office/Head office/Corporate office:
- (iii) Telephone No. (Land line):
- (iv) Fax No.:
- (v) E-mail address:
- (vi) Website address:

(Enclose photograph of the façade of the institute).

- (2) (i) Complete address of coaching centre where coaching classes for minority students will be conducted/have been conducted (for ongoing cases):
- (ii) Telephone No. (Land line):
- (iii) Fax No.:
- (3) (i) Name of Chairperson/President/Secretary/Head of the organisation:
- (ii) Telephone No. (Land line):
- (iii) Mobile No.:
- (iv) email address:
- (4) Success rate for the proposed coaching courses for last three years / programmes (if any) for new cases :

Year	Name of coaching training programme	Number of students coached/ trained	Number of students who were successful in the exam	% of success

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- (5) Details of faculty members of the institute for the proposed coaching course/training programme:

Name	Qualification	Experience	Subject taught	Name of the coaching/training programme for which the faculty member has been engaged	Whether regular or part-time

- (6) Details of Infrastructure of the coaching institute:

- (i) No. of classrooms with seating capacity:
- (ii) Total floor area of the coaching institute:
- (iii) Whether the premises is owned or rented:
- (iv) Whether separate hostels for boys and girls are available.
- (v) Whether sufficient number of toilets/bathrooms are available .
- (vi) Whether the hostel has proper mess facility including clean drinking water.
- (vii) Types of teaching aids available:
 - (a) No. of computers (for computer courses):
 - (b) Projector:
 - (c) Availability of library/of books on each subject relevant to the coaching/training programme:
 - (d) Other equipments **relevant to the proposed Coaching** programme
- (viii) List of the material / hand-outs etc. provided to the students by the institute as part of the coaching/training programme:

(7) Comparative details of coaching programme being conducted/to be conducted by the coaching/training Institute:-

For coaching of candidates from minority communities as proposed by the Institute			For coaching of other candidates under the Institute's normal coaching programme for same course			For coaching programme run by other Institutes in the locality			
Name of coaching course/ training programme	Duration		Fee charged per candidate	Duration		Fee charged per candidate	Duration		Fee charged per candidate
	Days	Hours		Days	Hours		Days	Hours	

(8) Recommendation of the Inspecting Officer (a) for new proposals :
 (Assessment is to be given in not less than 100 words, keeping in view the credibility of the institute taking into consideration success/placement rate, faculty member, infrastructure, fee and course duration and implementation of the coaching programme sanctioned by the Ministry of Minority Affairs) **(should not be left blank)**

Signature of inspecting authority

Date:

Place:

Name _____

Designation _____

Seal _____

Tel:

Note: Each page of the inspection Report should be signed by the Inspecting authority and other enclosed information be also verified.

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Recommendation of the State Government (Secretary, Department of Minority Welfare) / District Magistrate/Deputy Commissioner/ District Collector/ District Minority Welfare Officer (DMWO)* to be forwarded to Ministry of Minority Affairs, Government of India, 11th Floor, Pt. Antyodaya Bhavan, , CGO Complex, Lodhi Road, New Delhi-110003.

Application from _____ (Name of the Organisation) under the Scheme of _____ is forwarded duly recommended, to the Ministry of Minority Affairs, Government of India. While recommending, it is certified that Shri _____ Designation _____ had visited the organization and a copy of his inspection report is attached;

2. Specific recommendation of the State Government /District Authority/District Minority Welfare Officer (DMWO)*:

(should not be left blank)

Date:

Signature

Name

Designation

Office Stamp

Tel No.

(* In case recommendation report is sent directly by the DMWO, allocation of coaching programme for the shortlisted coaching institutions will be made only after the recommendations from the State Government (Secretary Department of Minority Welfare) / District Magistrate/District Commissioner/District Collector is received by Ministry of Minority Affairs.)

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