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**Free Coaching and allied schemes for Candidates belonging to the Minority Communities**

Application form to be submitted by coaching institutes for receiving grants-in-aid from the Government of India, Ministry of Minorities Affairs under the "Free Coaching and Allied Scheme for candidates belonging to the minority communities.

(To be filled by an authorized representative of the applicant organization)

**PART-1**

1.	Name, address, telephone No. Fax No/e-mail ID of the head office of the organization / institution	
2.	Address and telephone no of the functional center for which the application is being submitted	
3.	Nature of the organization/ institution (e.g. not for profit, or commercial or registered society or trust etc.)	
4.	Date of establishment	
5.	Whether registered under the Societies Registration Act, 1860 or any relevant Act of the State Govt/Union Territory Admn. Or under any state law relation to registration of literary, scientific and charitable company if so	
	(a) Give name of the act under which registered	
	(b) Registration no, and date of registration (please attach an attested photocopy there of)	
	(c) Period up to which valid	

## 6. Previous three years achievement of coaching institutes:

(i) For new cases:

(i)	(ii)	(iii)	(iv)
Year	Total number of students coached for (i) competitive examination for government jobs (ii) entrance examinations for admission in technical and professional courses (iii) employment in private sector	Number of students succeeded in (i) competitive examination for government jobs (ii) entrance examination for admission in technical and professional course (iii) getting jobs in the private sector	% of success (i) (ii) (iii) Over all % success.
2004-05			
2005-06			
2006-07			

(ii) For ongoing cases:

(i)	(ii)	(iii)	(iv)
Year	Number of students belonging to minority communities coached for (i) competitive examination for government jobs (ii) entrance examinations for admission in technical and professional courses (iii) private sector	Number of students belonging to minority communities succeeded in (i) competitive examination for government jobs (ii) entrance examination for admission in technical and professional course (iii) getting jobs in the private sector	% of success (i) (ii) (iii) Over all % success.
2004-05			
2005-06			
2006-07			

(iii) Year – wise details of students/candidates coached viz-name, father's name, sex date of birth, education qualification, permanent address, telephone number, bank account etc.

(Please enclose the list of students/ candidates for (i) competitive examinations for government jobs (ii) entrance examination for admission in technical and professional courses and (iii) private jobs, along with the above mentioned details and indicate against them the successful candidates)

## 7. Details of the coaching institution/center

(a)	Brief description of its objects and activities	
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(b) Constitution of Board of Management / Governing Body etc, and the particulars of the member:

Sl.No	Name	Address	Occupation

(c) Details of faculty members:

Sl.No	Name	Qualification	Experience	Subject taught

(d)	Constitution/Memorandum of association and bye-laws of the organization/institution (copy may be enclosed)	
(e)	Detailed of the achievement of the institution in coaching during the previous three years ( copy of annual report may be enclosed)	
(f)	Income & expenditure statement and balance sheet for previous three tears as certified by the chartered accountant or government auditor may be enclosed	

(g) Indemnity bond in prescribed format for sending grant-in-aid/funds directly in to the bank account of the organization:

(i) Certified that the institution has not received any other grant for the same purpose from any other Ministry/ Department of the Government of India, State/UT Government and any other Government/ Non-Government and any other Government /Non-Government Organization.

**PART-II**

## 1. Space available with the institution for coaching

(a) Number of class rooms	
(b) Whether the institute is functioning in its own building or in a rented accommodation	
(c) Details of library facility available with the coaching institutions	

## 2. Infrastructure available for coaching

- (a) Audio-visual aids
- (b) Photocopiers
- (c) Computers
- (d) Other (as applicable)

3. Examination for which the grant is applied for: \_\_\_\_\_

\_\_\_\_\_

4. Duration of the programme (Indicate the date of : \_\_\_\_\_

Commencement and date of completion) \_\_\_\_\_

\_\_\_\_\_

5. Total number of candidates belonging to five notified minority communities proposed to be coached / trained

Outstation: \_\_\_\_\_

Local : \_\_\_\_\_

Total : \_\_\_\_\_

## 6. Consolidated amount of fee per candidate for each examination.

Examination	Duration of coaching	No of candidates belonging to minorities proposed to be coached		Total maintenance allowance (@ Rs. 1500 p.m. for outstation and Rs. 750 p.m. for local candidates)	Coaching fee		Total amount (Coaching Fee and maintenance allowance)
		(iii)	(iv)		(vi)		
(i)	(ii)	(iii)	(iv)	(v)	(vi)	(vii)	(viii)
		Out station	Local		Rate per candidate	Total amount	

It is certified and agreed that the terms and conditions of the scheme have been read, understood and are acceptable to be organization.

Place:

Date :

Signature

(a) Full Name of Secretary/President  
(b) Name of the Institution/Organisation  
(Office Stamp, Tel.No.)

**Details of documents attached**

(i)

(ii)

(iii)

(iv)

(v)

(vi)

(vii)

(viii)

(ix)

(x)

**PART-III****INSPECTION REPORT**

(TO BE CONDUCTED BY AN OFFICER NOT BELOW THE RANK OF DEPUTY DIRECTOR OF THE DEPTT. CONCERNED AND TO BE FORWARDED BY THE SECRETARY OF THE DEPTT. DEALING WITH MINORITY WELFARE OF STATE GOVERNMENT/UT ADMINISTRATION)

i)	Name of the organization with complete postal address	
ii)	Whether the information given by the institution in the application form is factually correct	
iii)	Comments of the inspecting authority regarding the performance of the institution in terms of success rate	
iv)	General recommendation	

Date :

Place:

**Signature of inspecting authority**

Name\_\_\_\_\_

Designation\_\_\_\_\_

Seal:

### **Part-IV**

**Recommendation of the State government to be forwarded to Ministry of Minority Affairs, Government of India, 11<sup>th</sup> Floor, Paryavaran Bhawan, CGO Complex, Lodhi Road, New Delhi-110003.**

Application from \_\_\_\_\_ (Name of the Organization) under the Scheme of \_\_\_\_\_ is forwarded duly recommended, to the Ministry of Minority Affairs, Government of India. While recommending, it is certified that a senior officer of the rank of \_\_\_\_\_ (State Government Department) had visited the organization and a copy of his inspection report is attached;

2. Specific recommendation of the State Government.

Date:

Signature

Name

Designation

Office Stamp

**Authorization Letter for sending Grants-in-aid funds directly into the Bank Accounts for the organization.**

I/We \_\_\_\_\_ (name of the entity/Society/organization) would like to receive the grant in aid disbursed by the Union Ministry of \_\_\_\_\_ directly into the bank Account of the society/institution / organization etc. through electronic mode of transfer. The particular are as under:-

1. Name of the payee (as in the bank accounts)
2. Name of the Bank \_\_\_\_\_
3. Bank Branch (full address) \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_ State,  
 \_\_\_\_\_ District \_\_\_\_\_ Pin \_\_\_\_\_
4. Branch Code number \_\_\_\_\_
5. Bank Account Number \_\_\_\_\_  
 ( In words \_\_\_\_\_ )
6. Type of bnk Account- Saving/Current
7. MI CR Code Of the Bank \_\_\_\_\_
8. Mode of Electronic tarser available in the Bank-ECS/TRGS/NEFT

Place: \_\_\_\_\_

Date: \_\_\_\_\_

**Signature of grantee**

\_\_\_\_\_

Name of grantee:

Designation/Rubber Stamp