

पूर्व परीक्षा प्रशिक्षण केन्द्र योजना  
**(Pre Examination Coaching)**  
Government of India  
Ministry of SJ&E

**Name of scheme: Coaching and Allied Scheme for SCs/STs/OBCs/Minorities-Pre-Examination Coaching Centres.**

Application Form

Note: Application received in an incomplete form or without supporting documents after 15th of February each year will not be entertained for new cases.

In case of continuing cases, applications form with all supporting documents may be submitted to the State Government concerned by 30th of April of every year.

(To be filled in by an authorised representative of the applicant organisation).

**PART-I**

1. Name and address, telephone no., fax no. of the head office of the organisation/ Institution
2. Address and Telephone No. of the functional centre for which application is submitted.
3. Nature of the organisation/ Institution  
(e.g. not for profit, or commercial or co-operative Society or Trust etc.)
4. Date of establishment
5. Brief history and a brief account of the activities of the organisation since its inception.
6. Whether recognised by any State Government/Union Territory Administration and if so, the name of the State Government/Union Territory Administration. Indicate the nature of recognition given (Enclose certificate)
7. Whether registered under Societies Registration Act, 1860, or any relevant Act of the State Government/ Union Territory Administration or under any State Law relating to registration of literary, scientific and charitable Societies or as public trust or as a 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 thereof).
  - (c) Period up to which valid
8. Previous years achievements in pre-examination coaching of the organisation.

- i) For new institutions give details of previous three years  
(Please attach details of successful candidates, Roll NO., names and addresses)

Year	Group A Services		Group B Services		Entrance Examinations	
	Coached	Succeeded	Coached	Succeeded	Coached	Succeeded
Last						
Year before last						
2 years before last						

- (ii) For ongoing institutions (for previous year):-  
(Please attach name, category, Roll No., and addresses. name and address of the organisation in which the student is employed /admitted, scale of pay and relevant details for each candidate who is successful.)

- a) Coaching courses funded by Ministry of Social Justice & Empowerment.

Year	Coached			Succeeded			Succeeded in other examinations		
	SCs	STs	Minorities	SCs	STs	Minorities	SCs	STs	Minorities
Group A Services									
Group B Services									
Entrance Exam.									

- b) Coaching Courses conducted from the institute's own fund.

Year	Group A Services		Group B Services		Entrance Examinations	
	Coached	Succeeded	Coached	Succeeded	Coached	Succeeded
Last						
Year before last						
2 years before last						

9. List of papers/statements attached.

- (a) Brief description of its objects and activities  
( a copy of the prospectus may be enclosed)
- (b) Constitution of Board of Management /Governing Body etc. and the particulars of each member

Sl. No.	Name	Address	Occupation

(c)

Name	Qualification	Experience in no. of years	Working with this organisation since when	Subject taught

- (d) Constitution/Memorandum of Association and bye-laws of the Organisation/Institution
- (e) Details on achievement of the institution in coaching during the previous three years (Copy of annual report may be enclosed)
- (f) Income and Expenditure Statement and Balance Sheet for previous three years as certified by Chartered Accountant or a government Auditor may be enclosed.
- (g) A certificate to the effect 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 Govt. and any other Government/Non-Government organisation as given below.

Certified that the coaching centre----- has not received any grant from any other Ministry or Govt. Department other than Ministry of Welfare, Govt. of India, New Delhi for running of centre.

PART-II

- 1 i) Space available with institution for Coaching Classes-----
  - a Number of Class rooms -----
  - b Hostel/Dormitories for students -----
  - c) Whether institute is functioning in its own

building or in rented accommodations -----

- ii) Details of Library facility available with the coaching Institution.
  - iii) Infrastructure available for coaching.
    - a) Audio -visual aids
    - b) Photocopier
    - c) Cyclostyling machines
    - d) Computer
2. The examination for which the grant is applied for:
3. The duration of the programme: -----  
Date of commencing and completing the programme -----

4. Number of candidates to be coached/trained

Name of the Coaching Courses	Outstation students				Local students			
	SCs	STs	Minorities	Total	SCs	STs	Minorities	Total
Group Services A								
Group Services B								
Entrance Examinations								
Total								

5. i) Details of estimated expenditure on the programme Rs.

Name of the course	No. of students to be coached	Coaching fee (in Rs.)	Stipend (in Rs.)		Total (in Rs.)
			Outstation	Local	
Group Services A					
Group Services B					
Entrance Examinations					
Total					

6. Amount of grant requested :

i Central Share Rs-----

(ii) State Share Rs.-----

If is certified and agreed that the terms and conditions of the scheme have been read, understood and are acceptable to the organisation.

Signature

Place: (a) Full name of Secretary/President

Date: (b) Name of the Institution/Organisation  
(Office Stamp, Tel.No.)

**PART-III**

**INSPECTION REPORT**

**(TO BE DONE BY AN OFFICER NOT BELOW THE RANK OF DEPUTY DIRECTOR TO GOVT. AND BE FORWARDED TO SECRETARY DEPARTMENT OF WELFARE OF STATE GOVERNMENT/U.T. ADMINISTRATION.)**

- i) Name of the Organisation with complete postal address:
- ii) Whether the information given by institution in the application Forms factually correct.
- iii) Comments of the inspecting authority regarding the performance of the institution in terms of the success rate
- iv) General recommendation

Signature of inspecting authority

Name

Designation

Seal

Date:

Place:

