Annexure I-A

CHECKLIST

List of Documents /Information to be submitted with the proposal under New component

1. Part I & II duly filled by the organisation
2. Inspection Report in Part III
3. Recommendation of State Government /District Authority in Part IV
4. Valid Registration Certificate/Renewal certificate
5. Proof of Affiliation with CBSE/ ISCE/ any State Education Board.
6. Registration details on NGO Portal of NITI Aayog with Unique ID Number
7. Memorandum of Association
8. Bond in prescribed format.
9. Annual Report for the last three years
10. Copy of Rent Agreement/ Lease document etc
11. The number and qualifications of regular faculty (on the pay roll of the organisation) for coaching. List of faculty members their qualification, expertise and experience of teaching
12. Financial viability of the organisations: quantum of funds operated by the organisation in last three years. Audited Accounts of last three years
13. Numbers of projects for free coaching funded by Central Government/ State Government and implemented by the organisations. (Copies of sanction orders to be attached.)
14. The number of students enrolled in class XII in last three years and their results.
15. The number of students coached by the organisation in the projects funded the Central Government/State Government (list of the students coached during last three years along with outcome.)
16. Percentage of overall success rate of the coaching institution for minorities in National level examinations (AIPMT/NEET, AIEEE/JEE, UPSC, SSC etc.) Year-wise, exam-wise details may be provided.
17. Photographs of institution (classrooms, library, laboratory etc.) and hostels (rooms, mess/dining area, toilets etc.) may be attached.
18. Whether any UC is pending for previous years released by MoMA.
19. Whether organisation has ever been blacklisted by Central Government/State Government
**Annexure I-A**

**Part-I & II**

**FORMAT for New 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):

<table>
<thead>
<tr>
<th>Sl. No.</th>
<th>Particulars</th>
<th>Information</th>
</tr>
</thead>
</table>
| 1       | Name of Organization | Name of Organization:  
  (If name of Coaching Institution is different than the name of organization, please indicate clearly) 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 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*

10. Name of the Board of Education (CBDE/ISCE/Any State Board of Education) which whom the Institution is recognised up to class XII for science Stream

Date of recognition by the Board

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

II. Own Branches/Centres of the Coaching Institution:

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

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

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

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

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

<table>
<thead>
<tr>
<th>Sl. No.</th>
<th>Particulars</th>
<th>Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Pre-medical</td>
<td>Yes/No</td>
</tr>
<tr>
<td>2</td>
<td>Pre-Engineering</td>
<td>Yes/No</td>
</tr>
</tbody>
</table>
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/Institution for running school/College/Coaching (Separate Table for Each Centre):

<table>
<thead>
<tr>
<th>Sl. No.</th>
<th>Particulars Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Location and Address of Building</td>
</tr>
<tr>
<td>2</td>
<td>Facilities in the building</td>
</tr>
<tr>
<td>3</td>
<td>Whether building is rented or owned</td>
</tr>
<tr>
<td>4</td>
<td>If rented, indicate lease period (if any). Enclose copy of lease deed.</td>
</tr>
<tr>
<td>5</td>
<td>Whether separate hostels for boys and girls are available, please indicate</td>
</tr>
</tbody>
</table>

Boys Hostel:
- 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

Girls Hostel:
- 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 female security staff should be posted for girls hostel

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

Yes/No

VIII. Results of class XII of last three years

<table>
<thead>
<tr>
<th>Year</th>
<th>No. of Students enrolled in class XII</th>
<th>Name of Board</th>
<th>% of passed students</th>
<th>% age of students passed with more than 75% marks</th>
</tr>
</thead>
<tbody>
<tr>
<td>Boys</td>
<td>Girls</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Boys</td>
<td>Girls</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Boys</td>
<td>Girls</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

IX. Results of Coaching of previous Years (if any):

<table>
<thead>
<tr>
<th>Year</th>
<th>No. of Students Coached</th>
<th>No. of Girls (Out of total Coached)</th>
<th>Name of Examination for which Coaching Imparted</th>
<th>Number of Students qualified in the exams</th>
<th>%age of selection</th>
</tr>
</thead>
<tbody>
<tr>
<td>Boys</td>
<td>Girls</td>
<td>Total</td>
<td></td>
<td>Boys</td>
<td>Girls</td>
</tr>
<tr>
<td>Boys</td>
<td>Girls</td>
<td>Total</td>
<td></td>
<td>Boys</td>
<td>Girls</td>
</tr>
<tr>
<td>Boys</td>
<td>Girls</td>
<td>Total</td>
<td></td>
<td>Boys</td>
<td>Girls</td>
</tr>
</tbody>
</table>

X. Results of Coaching of previous Years for minority students (if any):

<table>
<thead>
<tr>
<th>Year</th>
<th>No. of Minority Students Coached</th>
<th>No. of Minority Girls (Out of total Coached)</th>
<th>Name of Examination for which Coaching Imparted</th>
<th>Number of Minority Students Qualified</th>
<th>%age of selection</th>
</tr>
</thead>
<tbody>
<tr>
<td>Boys</td>
<td>Girls</td>
<td>Total</td>
<td></td>
<td>Boys</td>
<td>Girls</td>
</tr>
<tr>
<td>Boys</td>
<td>Girls</td>
<td>Total</td>
<td></td>
<td>Boys</td>
<td>Girls</td>
</tr>
<tr>
<td>Boys</td>
<td>Girls</td>
<td>Total</td>
<td></td>
<td>Boys</td>
<td>Girls</td>
</tr>
</tbody>
</table>

XI. Past Experience of Government Sponsored Coaching Programmes (if any):

<table>
<thead>
<tr>
<th>Year</th>
<th>Whether Project of Central or State Government (If State Government, name the State)</th>
<th>District where Coaching Programme was run (with Address)</th>
<th>No. of Total Students awarded in the Project</th>
<th>No. of Minority Students (out of the total awarded students)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Boys</td>
<td>Girls</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
XII. Comparative details of coaching programme being conducted/to be conducted by the coaching/training Institute:-

<table>
<thead>
<tr>
<th>Name of coaching course/training programme</th>
<th>Duration (Days)</th>
<th>Fee charged per candidate</th>
<th>Duration (Days)</th>
<th>Fee charged per candidate</th>
<th>Duration (Days)</th>
<th>Fee charged per candidate</th>
</tr>
</thead>
<tbody>
<tr>
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<td></td>
</tr>
</tbody>
</table>

XIII. 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

XIV. Lists/Documents to be enclosed:
(i) All Documents as mentioned in the list enclosed.
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:

<table>
<thead>
<tr>
<th>Year</th>
<th>Name of coaching training programme</th>
<th>Number of students coached/trained</th>
<th>Number of students who were successful in the exam</th>
<th>% of success</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
(5) Details of faculty members of the institute for the proposed coaching course/training programme:

<table>
<thead>
<tr>
<th>Name</th>
<th>Qualification</th>
<th>Experience</th>
<th>Subject taught</th>
<th>Name of the coaching/training programme for which the faculty member has been engaged</th>
<th>Whether regular or part-time</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

(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:-

<table>
<thead>
<tr>
<th>For coaching of candidates from minority communities as proposed by the Institute</th>
<th>For coaching of other candidates under the Institute’s normal coaching programme for same course</th>
<th>For coaching programme run by other Institutes in the locality</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of coaching course/training programme</td>
<td>Duration</td>
<td>Fee charged per candidate</td>
</tr>
<tr>
<td>Days</td>
<td>Hours</td>
<td></td>
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<td></td>
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<td></td>
</tr>
</tbody>
</table>

(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.
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. )