

## APPLICATION FORM

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

To  
The Director,  
Welfare of Scheduled Castes and Backward Classes  
Department, Haryana, SCO 68-70, Sector 17A, Chandigarh.

**Subject:- Proposal for grant of financial assistance for providing coaching to the Scheduled Caste and Backward Classes candidates for preparing them for the Competitive Examinations as well as Entrance Tests.**

Sir,

Please refer to your advertisement in \_\_\_\_\_ dated \_\_\_\_\_. Our institution is agreed for coaching to \_\_\_\_\_ candidates.

- 1 Name, 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 / Registration. \_\_\_\_\_
- 5 Brief history and brief account of the activities \_\_\_\_\_ of the organisation since its inception.
- 6 Whether registered under Societies registration Act, \_\_\_\_\_ 1860 or any rele Territory Admn. or under any State Vant Act of the State Govt./Union Law relating to Registration of Literary, scientific and charitable Societies or as public trust or as a Charitable company.
  - (a) Give name of the Act under which registered. \_\_\_\_\_
  - (b) Registration No. and date of registration \_\_\_\_\_  
(please attach an attested photocopy thereof)
  - (c) Period upto which valid. \_\_\_\_\_
- 7 Details of achievement of the Institution in \_\_\_\_\_ coaching during the previous ten years (copy of annual report may be enclosed)

8 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/Government Body etc. and the particulars of the member?

Sr.No.	Name	Address	Occupation

(c) Details of faculty members.

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

(c) Constitution/Memorandum of Association and bye laws of the Organisation / Institution.

9. Space available with the institution for coaching classes \_\_\_\_\_

a. Number of class rooms \_\_\_\_\_

b. Hostel/Dormitories for students. \_\_\_\_\_

(ii) Details of Library facility available with coaching institution \_\_\_\_\_

The duration of the programme.

10. Date of commencing and completing the programme-----.

11. Number of candidates to be coached/trained. -----

**Note: Application received in an incomplete form or without supporting documents after 30.09.2010 will not be entertained.**

Signature

Name of the Institution/organization  
(Office stamp, Tel. No.)