

## **SCHEDULE** **APPLICATION FORM**

Form – I  
{Rule 3(1)}

To

The Registering Authority,  
Directorate of Education (S), Lamphelpat.

**Sub: Registration of Private Coaching Institutes under The Manipur  
Coaching Institute (Control & Regulation) Act, 2017.**

1. Name of the Institute: .....
2. Date/ Year of establishment: .....
3. Address: .....
4. Name of the owner/ Manager .....
5. Contact No. ....
6. Enrolment in the Institute (*May attach a separate sheet*):

Sl. No.	Class/ Course	No. of Boys	No. of Girls	Total
1				
2				
3				
<b>Grand Total</b>				

7. No. of existing classrooms = ...../ other rooms = .....
8. Details of Tutors/ teachers (*may attach a separate sheet along with their educational documents*):

Sl. No.	Name	Date of Birth	Class/ Course taught	Educational qualification	Subjects studied	Teaching experience	Date of appointment to the institute
1							
2							
3							

9. Whether there is Prospectus, mentioning different curriculum and duration of course(s) along with tuition fees .....
10. Whether it is mentioned in the Prospectus the number of lectures, tutorials, group discussions etc. ....
11. Whether admission register, indicating detailed particulars of students maintained:  
.....

**SCHEDULE**  
**APPLICATION FORM**

12. Whether proper records of tuition fees in proper accounting books maintained .....
13. Whether tuition fee charged from students in subject-wise and class-wise/ course-wise published/ notified .....
14. Whether detailed particulars of faculty members including their qualification and experience, notified/ published .....
15. Whether any provision in admission fees/ tuition fees provided for destitute orphans/ economically backward students .....
16. Whether the Institute is located at a noise free area .....
17. Whether the Institute is having minimum one square meter area of space per student .....
18. Whether there are separate Toilet facilities for girls and boys .....
19. Whether there is drinking water facilities .....
20. Whether there is sufficient furniture (desk/ bench etc.) .....
21. Whether there is sufficient lighting (electrification)/ adequate ceiling fan arrangement .....
22. Whether there is facility of sanitation and cleanliness .....
23. Whether there is arrangement of fire extinguishers .....
24. Whether there is medical treatment facility/ first aid kits .....
25. Whether there is facility of parking of bicycles/ vehicles .....

*Encl: (All the supporting documents like photos, Prospectus, annexure etc.)*

***Certified that the information given above are absolutely correct and nothing has been kept concealed.***

Place/ Dated: \_\_\_\_\_ Signature: \_\_\_\_\_  
Name of Owner/Manager: \_\_\_\_\_