

**Performa of Mid Term Physical Inspection of Institutions/Organizations under Free Coaching and Allied Scheme for the year 2017-18 to 2019-20**

(Each page of the Inspection Report be signed by the Inspecting Authority)

Date of inspection:

1. Name & Address of coaching institutions/organization where the said coaching is imparting with all details (phone, email Address etc.):
2. Address of coaching centre, whether the coaching centre run by organisation:
3. Date of commencement of coaching programme:
4. Whether attendance is being marked through Bio-metric attendance system and proper records are being maintained by the organisation/institution?
5. Whether class/classes were running at the time of inspection, if not the reasons thereof?
6. Whether CCTVs are installed in the coaching centre ? Whether Digital Video Recording (DVR) of classes are being maintained and linked to website of the organisation?
7. Whether the institution/organization has uploaded the complete details of coaching programme in its website.
8. No. of students present at the time of inspection may be furnished in following format:

Total No. of students allocated to organisation/institution	No. of students present		No. of students absent	
	Male	Female	Male	Female

9. Total percentage of Female student/candidate
10. Whether students are aware of the benefits of the scheme.
11. Whether any fees being charged by the institution/organization from minority students/candidates for the said coaching programme?
12. Whether the institution/organization is following/has followed all terms and conditions of Free Coaching and Allied Scheme.



16. Enclose a list of students coached by the institution/organization in the prescribed proforma (Format-III) duly verified by inspection officer. The proforma may be downloaded from the Ministry's website i.e. [www.minorityaffairs.gov.in](http://www.minorityaffairs.gov.in)
17. Feedback from the Students / Candidates if possible at the time of inspection:
18. Any other information as inspecting officer deem necessary:
19. Assessment/recommendation by the inspecting officer:

Signature with seal of Inspecting Officer (s)

Name:

Designation:

Deptt:

Mobile No.: