

UNIVERSITY GRANTS COMMISSION  
New Delhi

Proforma for Financial Assistance for the Scheme of Remedial Coaching/Coaching Scheme for Entry in Services and NET Coaching for SC/ST/OBC (Non Creamy Layer) and Minorities (Please use one proforma for one of the scheme.

1. Name of the University/College : .....  
(Address, Pin code and State) : .....  
Phone No : .....  
Fax No : .....  
E-Mail : .....
2. Name of the University its  
Affiliated (Only Colleges) : .....
3. Date of Establishment of the University/College : .....
4. Type of Management Government/Private/University/Self Finance
5. Category of the College  
A i) General Courses ii) Professional Courses  
B i) Under Graduate ii) Post Graduate  
C i) Man ii) Women iii) Co-Educational
6. Is the University/College approved under Section 2(f) and 12(B) of the UGC Act 1956 : ..... Yes/No  
Please Attached copy of UGC letter.
7. Location of the University/College Backward/Rural/Tribal/Hill Area/Urban
8. Whether the University /College is Located under SC/ST/Minority concentrated District.
9. Whether receiving Non-plan/  
Plan Grant from UGC/State Govt: .....  
towards the salary of the staff.  
(please attach the certificate)
10. Whether the University/College has received the grant during XII plan period under these scheme. Details Yes/No
11. Bank Details : .....  
(Please give in format).
12. Enrollment in Degree and Post Graduate Classes (As on 1<sup>st</sup> January 2013)

Under Graduate	General	SC	ST	OBC	Minority	Total	Percentage
Ist Year							
IIInd Year							
IIIrd Year							
Total							
Post Graduate	General	SC	ST	OBC	Minority	Total	Percentage
Ist Year							
IIInd Year							
Total							

13. Faculty-wise staff strength  
(please attach a list indicating name, dept., qualifications)

- a) Permanent .....
- b) Temporary of Ad-hoc .....
- c) Part – time .....
- d) Visiting Faculty .....

14. Infrastructure available

- i. Space available for organizing the coaching center :
  - a) Office :
  - b) Classroom :
- ii. Library facilities available, list of journals and magazines subscribed.  
Mention only those which are relevant to the coaching scheme.

15. Financial Assistance.

Item	Estimated Cost
A. Non Recurring items	
i) Equipment	
ii) Books and journals and study materials	
B. Recurring items	
i) Remuneration to coordinator	
ii) Remuneration to teacher	
iii) Remuneration to part time LDC With computer knowledge	
iv) Travelling expenses	
v) Contingency	

16. Need and justification in support of the proposal  
(Please attach separate sheet giving full justification)

Signature:  
Principal/Registrar  
(Seal)

17. Proposal Verified by Registrar/CDC of the University

Signature:  
(Seal)

UNIVERSITY GRANTS COMMISSION  
New DelhiPRESCRIBED FORMAT FOR GETTING FINANCIAL ASSISTANCE FOR EQUAL OPPORTUNITY  
CELL OF UNIVERSITIES/COLLEGES DURING XII PLAN PERIOD.

1. Name of the University/College : .....
2. Address of the University/College : .....  
Phone No. .... Fax No. .... E-Mail .....
3. Name of the University its Affiliated to : .....
4. Whether falls under Section 2(f) and 12(B) of the UGC Act : .....
5. Whether the University /College is Located under SC/ST/Minority concentrated  
District.
6. Whether receiving Non-plan/  
Plan Grant from UGC/State Govt. : .....  
(please indicate)
14. Need and justification of the proposal  
(Please attach separate sheet giving full justification)

Signature:  
Principal/Registrar  
(Seal)

UNIVERSITY GRANTS COMMISSION  
New Delhi

PRESCRIBED FORMAT FOR GETTING FINANCIAL ASSISTANCE TOWARDS VISUALLY HANDICAPPED TEACHERS OF UNIVERSITIES/COLLEGES DURING XII PLAN PERIOD.

1. Name of the University/College : .....
2. Address of the University/College : .....  
Phone No. .... Fax No. .... E-Mail .....
3. Name of the University its Affiliated to : .....
4. Whether falls under Section 2(f) and 12(B) of the UGC Act : .....
5. Whether the University /College is Located under SC/ST/Minority concentrated District.
6. Whether receiving Non-plan/  
Plan Grant from UGC/State Govt. : .....  
(please indicate)
7. Name of the person : .....
8. Nature of Blindness:  
Fully Blind:  
Low Vision : .....  
(A certificate from a Govt. Hospital Be attached with to this effect)
9. Name of the Department : .....
10. Date of appointment in the Department : .....
11. Name of the Reader : .....
12. Educational Qualification of Reader : .....
13. Honorarium paid to the Reader @ Rs ..... per month.
14. Total amount to be paid :  
  
(Attach a receipt from the Reader With revenue stamp) : .....

Signature:  
Principal/Registrar

(Seal)

UNIVERSITY GRANTS COMMISSION  
New Delhi

PERFORMA FOR FINANCIAL ASSISTANCE UNDER THE SCHEME TO ASSIST  
UNIVERSITY TO FACILITATE TEACHER PREPARATION IN SPECIAL EDUCATION  
(TEPSE) SCHEME:

1. Name and address of university
2. Year of establishment
3. Does the institute come under sections 2(f) and 12(B) of the UGC Act?
4. Whether the University /College is Located under SC/ST/Minority concentrated District.
5. Teacher preparation courses currently offered by the university
6. Special education courses, if any, offered by the university
7. Is the university recognised by the Rehabilitation Council of India to offer special education courses?
8. Name of the course for which assistance from the UGC is sought
9. How many students will be admitted to the course?
10. What will be the requirement of staff for running the new course?
11. Does the university provide any extension services to differently-abled individuals or schools or both?
12. Brief history of the university
13. Annual expenditure of the course (recurring and non-recurring)
14. Undertaking from the University that it will meet the expenditure of the course after the completion of the XI plan period.

Date

Signature of Head of university department

UNIVERSITY GRANTS COMMISSION  
New DelhiPERFORMA FOR FINANCIAL ASSISTANCE UNDER THE SCHEME TO ASSIST  
UNIVERSITY/COLLEGES TO FACILITATE HIGHER EDUCATION FOR PERSONS WITH  
SPECIAL NEEDS (HEPSN) SCHEME

1. Name and address of University/College
2. Year of establishment
3. Does the University/College come under sections 2(f) and 12(B) of the UGC Act?
4. Whether the University /College is Located under SC/ST/Minority concentrated District.
5. Nature of services currently offered by the university for the welfare of disabled persons
6. How many disabled persons are currently enrolled in the University/College
7. Name of the component(s) of HEPSN for which assistance from the UGC is sought
8. How the scheme will be implemented?
9. Whether the proposal has been forwarded through the University?
10. Brief history of the university
11. List of the managing committee members of the university
12. Annual expenditure of the course (recurring and non-recurring)
13. Any other relevant information supporting the proposal

Date

Signature of Head/Authorised

Signatory of university  
(with seal)

**MANDATE FORM**

**ELECTRONIC CLEARING SERVICE / CREDIT CLEARING / REAL TIME GROSS SETTLEMENT (RTGS) FACILITY FOR RECEIVING PAYMENTS**

**A. DETAIL OF ACCOUNT HOLDER:-**

NAME OF ACCOUNT HOLDER	
COMPLETE CONTACT ADDRESS	
TELEPHONE NUMBER/FAX/EMAIL	

**B. BANK ACCOUNT DETAILS:-**

BANK NAME	
BRANCH NAME WITH COMPLETE ADDRESS, TELEPHONE NUMBER AND EMAIL	
WHETHER THE BRANCH IS COMPUTERISED?	
WHETHER THE BRANCH IS RTGS ENABLED? IF YES, THEN WHAT IS THE BRANCH'S IFSC CODE	
IS THE BRANCH ALSO NEFT ENABLED?	
TYPE OF BANK ACCOUNT (SIV/CURRENT/CASH CREDIT)	
COMPLETE BANK ACCOUNT NUMBER (LATEST)	
MICR CODE OF BANK	

I hereby declare that the particulars given above are correct and complete. If the transaction is delayed or not effected at all for reasons of incomplete or incorrect information I would not hold the user Institution responsible. I have read the option invitation letter and agree to discharge responsibility expected of me as a participant under the Scheme.

.....  
Signature of Customer

Date:

Certified that the particulars furnished above are correct as per our records.

(Bank's Stamp)

.....  
Signature of Customer

Date:

1. Please attach a photocopy of cheque along with the verification obtained from the bank.
2. In case your Bank Branch is presently not "RTGS enabled", then upon its up gradation to "RTGS Enabled" branch, please submit the information again in the above proforma to the Department at earliest.