

**GOVERNMENT OF GOA
DIRECTORATE OF TRIBAL WELFARE
PANAJI - GOA**

Application for availing Financial Assistance for Pre - Primary School

1	Name & Address of the Applicant	
2.	Category of Applicant : NGO/Existing Primary School/Existing High School/ Trained Teacher	
3.	Details of the Building in which Pre- Primary School is proposed	
	Name of the building & Locality Address	
	Village	
	VP/ Municipality	
	Taluka	
	District	
	Assembly Constituency	
	Post Office& Pin Code No.	
	Total Area of the building to be used as Pre-Primary School	
	No. of rooms: Whether Playground is available Whether the premises has a compound wall	
4.	Owners Name	
	Address	
	Age	
5.	Whether the rooms of the existing school will be used for running Pre- Primary School	
6.	Total ST population and villages to be benefitted from the Pre- Primary School	
7.	Total Number Students enrolled for Pre-Primary Schools and the number of ST Population enrolled	
8.	Source of income other than the financial assistance asked for	
9.	Supported by Gramsabha resolution	Yes/ No.
10.	Estimated cost for running of the Pre- Primary School	
11.	Whether there exists any Pre- Primary School already running within the radius of 2 k.m. or in the Village Panchayat Area.	

Declaration

I the above named applicant do hereby declare that the particulars given above are true and correct to the best of my Knowledge and belief.

Date:-

Signature of Applicant

Enclosures:-

1. Gramsabha Resolution
2. List of the Students.
3. List of teacher and helper.
4. NOC or lease agreement of the premises in which the Pre- Primary School will be set up.
5. Experience Certificate of the Applicant.
6. Application for Registration of Pre- Primary School with the Education Department.

List of the Students										
	Name Particulars				Address of the Student			Scheduled Tribe Certificate Details		
Sr. No	Name of the Student	Fathers Name	Date of Birth	Gender	House No	Locality Address	Aadhar No.	Community	Certificate No. & Date	Issuing Authority
1	2	3	4	5	6	7	8	9	10	11

Signature_____

List of the Teacher/ Helper										
	Name Particulars					Address of the Teacher/ Helper			Qualification	
Sr. No	Name of the Staff	Fathers Name	Whether Teacher/ Helper	Date of Birth	Gender	House No	Locality Address	Aadhar No.	Qualification	Experience
1	2	3	4	5	6	7	8	9	10	11

Signature_____