

Annexure – B

[To be filled by the Head of the Coaching Institute]

1. Details of Coaching Institute:

Name of Coaching Institute, where admitted with address:

Name: _____

Locality: _____

Waddo/Street: _____

City/Town/Village: _____

Taluka : _____ District: _____

State : _____ Pin Code: _____

Telephone : _____ Fax : _____

Registration No : _____

E-mail : _____

Website : _____

2. Verification/Information/strictly to be furnished only by the Head of Coaching Institute compulsorily:

1. It is certified that the Shri /Kumari _____ s/o/d/o/Shri. _____

is admitted in _____ Course for the academic year _____ in this institute is correct /has been corrected in red ink.

2. In case the applicant leaves the institution or otherwise discontinues the coaching or accepts any other assistance, the fact will be immediately reported to the Directorate of Tribal Welfare so that payment of assistance to the applicant is discontinued and also recover the financial assistance already released.

Place:

Date:

Seal of Institution

Signature of the Head of the
Coaching Institute with Official Seal