

Form of application for starting Arabic Colleges, Arabi Madrasas and Quran Institutions under private Management in Karnataka State.

1. Name of the Society or Association which has proposed to start the institution.
2. Date of Registration of the Society.
3. Name of the Institution.
4. Management and its constitution.
5. Is this the only institution to be started by the Association. If other institutions are already started, names of such institutions should be furnished.
6. Name and address of Secretary/Correspondent.

7. Educational needs of the Locality.
8. Name/Names of the institution/Institutions already existing in the locality.
9. Whether the starting of the institutions will not create unhealthy competition with any existing recognised institution. What is the distance from the nearest institution in the locality ?
10. Courses of instruction to be provided :
11. Classes proposed to be started :
 - (a) Number of pupils expected to be admitted to the institution (class-wise).
12. Financial position of the Association :
 - (a) Permanent funds :
 - (b) Other sources of income.
 - (c) Stability fund how deposited.
13. Is the Association prepared to run the institution without any financial aid from the Government ?
14. Accommodation and Sanitation :
 - (a) Total area of the school building.
 - (b) Playground.
 - (c) Number of class rooms Superficial area and cubical contents of each room with the maximum number of pupils likely to be taught in each room, sanitation, water supply, etc.,
15. Furniture Apparatus and appliances available (Information separately for each class).
16. Remarks.

DECLARATION

(a) I, on behalf of the Management of the Institution hereby declare that the institution fulfils all the conditions specified in the grant-in-aid code for Arabic Colleges/Arabi Madrasas and Quran Institutions and other allied institutions and promise to comply with all the conditions, laid down in the grant-in-aid code regarding starting of institution.

(b) That all the facts stated in the above statement are true to the best of my knowledge.

(c) I, on behalf of the management hereby declare that not more than one member of any family is a member of the management of the institution.

Place :

Date :

Signature of the
Correspondent/Secretary (SEAL)