



CENTRE for CAREER PLANNING and COUNSELLING
University of Kashmir
NAAC Accredited Grade "A+"

FORMAT FOR EXPRESSION OF INTEREST FOR ENGAGEMENT

OF

COACHING ACADEMY FOR IAS/KAS COACHING PROGRAMME

1. NAME OF OWNER /CEO/MD: _____
2. NAME & ADDRESS OF THE COACHING ACADEMY: _____
3. FULL ADDRESS FOR COMMUNICATION : _____
City: _____ State: _____
Phone No.: _____ Website Details: _____
Official Email ID: _____
4. YEAR OF ESTABLISHMENT: _____
5. TOTAL NO. OF FACULTY MEMBERS ON ROLLS OF ACADEMY: _____
6. REGISTRATION DETAILS
 - a. Registration No. & Date: _____
 - b. Issuing Authority: _____
7. NUMBER AND DETAILS OF CANDIDATES WHO HAVE QUALIFIED ANY PRESTIGIOUS COMPETITIVE EXAM THROUGH YOUR INSTITUTE ESPECIALLY DURING THE LAST FIVE YEARS (**ATTACH A SEPARATE SHEET PLEASE**)
- 8.

Name of the Course	Total Duration of the course in hours	Total No. of hours per day and per week	Remuneration charges of Resource Persons per hour	Will course material be provided Yes/No	Total charges for the course material



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Any other charges	Have you worked earlier with CCPC	Details of your previous engagement with CCPC	Success Rate of Academy in IAS/KAS examination	Details of Resource Persons to be engaged	Accommodation, travel and food expenses shall be borne by CCPC or Coaching Academy

9. Provide hourly breakup of the course curriculum and its components to be covered during the coaching program.

I CERTIFY THAT THE INFORMATION GIVEN ABOVE IS CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF.

**Place & Date
Authority**

Seal & Signature of the Designated

Official Webpage: <http://ccpc.uok.edu.in>,
Email ID: contactccpc@uok.edu.in
Ext.:- 0194-2272265