

# BIHAR STUDENT CREDIT CARD SCHEME VERIFICATION REPORT

Date of Report:

APPROVED ☒

REJECTED ☐

|    |   |  |   |  |
|----|---|--|---|--|
| 1  | Registration ID   | 7116301  |   |  |
| 2  | Received for Verification on (Date)   | 17-12-24   |   |  |
| 3  | Name of the Applicant   | KAJAL KUMARI   |   |  |
| 4  | Father's Name   | SUSHIL KUMAR YADAV   |   |  |
| 5  | Name of the Institute in full   | PRIYADARSHINI NURSING INSTITUTE  |   |  |
| 6  | Course Applied for  | General Nursing Midwifery (G.N.M)                                      |   |  |
| 7  | Name of the Competent Authority recognizing the Course *                      | INC  |   |  |
| 8  | Roll No.(If available)/Admission Offer No.                                    | 31   |   |  |
| 9  | Name of the University in full  | ARYABHATTA KNOWLEDGE UNIVERSITY OR Bihar Nurses                        |   |  |
| 10 | University/Institute Recognized by (Name of Regulating Agency) *              | Registration Council Patna/ Bihar University of Health Sciences, Patna |   |  |
| 11 | Institute Affiliated since (Date) *   | March 2019   |   |  |
| 12 | Validity of Affiliation up to (Date) *  | 2024-25  |   |  |
| 13 | Certificate no. Of Affiliation Provided by the Institute *                    | 3226)  |   |  |
| 14 | Full Address & Contact details (Landline/Mobile/Email) of the Institute *     | pninursing1@gmail.com  |   |  |
| 15 | Name/Designation/Contact Details of Contact Person of the Institute *         | Kumar Gyanseth Director - 9999597948                                   |   |  |
| 16 | State and District of the Institute   | Bihar Darbhanga  |   |  |
| 17 | Category of City in which Institute is situated (A/B/C)                       | C  |   |  |
| 18 | Session (YYYY to YYYY)  | 2024 to 2027   |   |  |
| 19 | Course Start Date   | Course End Date  | September/2024 December/2027                      |  |
| 20 | Present Year/Semester of the Applicant *                                      | 1st year   |   |  |
| 21 | Fees Charged (Year wise/Semester wise) *                                      | Year wise  |   |  |
| 22 | Expected Payment Date of the Fees to the Institute *                          | -  |   |  |
| 23 | Whether the applicant resides/or intends to reside in the institute's Hostel* | Yes Reside   |   |  |
| 24 | Candidate Admitted In the Institute via                                       | Management Quota <input type="checkbox"/>                              | Entrance Exam <input checked="" type="checkbox"/> | or other medium <input type="checkbox"/> |
| 25 | Bank Account Details of the Institute for receiving Fees                      |  |   |  |
|    | Type of Fees  | Name of Bank Account Holder *  | Account No. *                                     | IFSC Code* Bank Name & Branch *          |
|    | Tuition fees  | Priyadarshini  | 120001974010                                      | CNRB000- Canara Bank Remnaghi            |
|    | Hostel fees   | Nursing Institute  |   | 5860 Patna                               |
|    | Mess fees   |  |   |  |
|    | Any other   |  |   |  |
| 26 | Whether Fees required by the Institute through DD, Furnish details            |  |   |  |

Note :The above serial no - 25 is mandatory, in case the institute requires different type of fees namely Tuition Fees, Hostel Fees, Mess Fees,etc. in more than one account.If the institute requires all types of fees namely Tuition Fees, Hostel Fees, Mess Fees etc. in only one account, then only single account details of the institute is to be furnished.

Signature of the Authorized Contact Person of the Institute.

CERTIFICATE OF TPVA

17-12-24

I have verified the above mentioned particulars with respect to the applicant and on the basis of this verification report the applicant's case for sanction of Education Loan by BSEFCL under Bihar Student Credit Card Scheme is RECOMMENDED/NOT RECOMMENDED (Reasons therefor)

Remarks,if any -

प्रियदर्शिनी नर्सिंग इन्स्टीच्यूट  
दरभंगा

Signature of the verifying TPVA Representative