



BIHAR STUDENT CREDIT CARD SCHEME VERIFICATION REPORT

APPROVED

Date of Report: _____

REJECTED

| | | |
|----|---|--|
| 1 | Registration ID | 7113352 |
| 2 | Received for Verification on (Date) | 19-12-2024 |
| 3 | Name of the Applicant | BIKKU KUMAR |
| 4 | Father's Name | SANJU YADAV |
| 5 | Name of the Institute In full | MAGADH INSTITUTE OF HIGHER EDUCATION |
| 6 | Course Applied for | Bachelor of Pharmacy |
| 7 | Name of the Competent Authority recognizing the Course * | BIHAR UNIVERSITY OF HEALTH SCIENCE, PATNA |
| 8 | Roll No.(If available)/Admission Offer No. | 27 |
| 9 | Name of the University in full | Magadh University, Bihar University of Health Sciences, Patna, Aryabhatta Knowledge University, Patna |
| 10 | University/Institute Recognized by (Name of Regulating Agency) * | PHARMACY COUNCIL OF INDIA, NEW DELHI |
| 11 | Institute Affiliated since (Date) * | P.C.I - 14624/2020 |
| 12 | Validity of Affiliation up to (Date) * | 2024 - 2028 |
| 13 | Certificate no. Of Affiliation Provided by the Institute * | 6032/2023-571, DATED - 30-08-2023 |
| 14 | Full Address & Contact details (Landline/Mobile/Email) of the Institute * | KOSHILA TOLA, HARDASPUR, P.S-MU, GAYA |
| 15 | Name/Designation/Contact Details of Contact Person of the Institute * | RITURAJ KUMAR / DIRECTOR, 9584001674 |
| 16 | State and District of the Institute | Bihar Gaya |
| 17 | Category of City In which Institute is situated (A/B/C) | C |
| 18 | Session (YYYY to YYYY) | 2024 to 2028 |
| 19 | Course Start Date | September/2024 |
| 20 | Course End Date | October/2028 |
| 21 | Present Year/Semester of the Applicant * | 1 ST YEAR |
| 22 | Fees Charged (Year wise/Semester wise) * | YEAR WISE |
| 23 | Expected Payment Date of the Fees to the Institute * | 11-01-2025 |
| 24 | Whether the applicant resides/or intends to reside in the institute's Hostel* | YES |
| 25 | Candidate Admitted in the Institute via | Management Quota <input type="checkbox"/> Entrance Exam <input checked="" type="checkbox"/> or other medium <input type="checkbox"/> |

| 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 | MAGADH INSTITUTE OF HIGHER EDUCATION | 50200058622104 | HDFC 0002871 | HDFC BANK, MANPUR GAYA |
| Hostel fees | | | | |
| 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
DIRECTOR

I have verified the above mentioned particulars with respect to the applicant and _____ 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)
 Hardspur, Manpur, Gaya

Signature of the verifying TPVA Representative _____