



बिहार सरकार  
शिक्षा विभाग

## BIHAR STUDENT CREDIT CARD SCHEME VERIFICATION REPORT

Date of Report:

APPROVED

REJECTED

|    |                                                                               |                                           |                                                   |                                          |                      |
|----|-------------------------------------------------------------------------------|-------------------------------------------|---------------------------------------------------|------------------------------------------|----------------------|
| 1  | Registration ID                                                               | 7105143                                   |                                                   |                                          |                      |
| 2  | Received for Verification on (Date)                                           | 26.12.2024                                |                                                   |                                          |                      |
| 3  | Name of the Applicant                                                         | ANJALI KUMARI                             |                                                   |                                          |                      |
| 4  | Father's Name                                                                 | SUSHIL KUMAR                              |                                                   |                                          |                      |
| 5  | Name of the Institute In full                                                 | TALUKA INSTITUTE OF NURSING               |                                                   |                                          |                      |
| 6  | Course Applied for                                                            | General Nursing Midwifery (G.N.M)         |                                                   |                                          |                      |
| 7  | Name of the Competent Authority recognizing the Course *                      | B.N.R.C Patna                             |                                                   |                                          |                      |
| 8  | Roll No.(If available)/Admission Offer No.                                    | 63                                        |                                                   |                                          |                      |
| 9  | Name of the University in full                                                | Bihar Nurses Registration Council Patna   |                                                   |                                          |                      |
| 10 | University/Institute Recognized by (Name of Regulating Agency) *              | Aryabhatt knowledge university, Patna     |                                                   |                                          |                      |
| 11 | Institute Affiliated since (Date) *                                           | 2023                                      |                                                   |                                          |                      |
| 12 | Validity of Affiliation up to (Date) *                                        | 2026                                      |                                                   |                                          |                      |
| 13 | Certificate no. Of Affiliation Provided by the Institute *                    | 1014/BNRC/date 11.03.2023                 |                                                   |                                          |                      |
| 14 | Full Address & Contact details (Landline/Mobile/Email) of the Institute *     | Taluka Institute of Nursing, Madhubani    |                                                   |                                          |                      |
| 15 | Name/Designation/Contact Details of Contact Person of the Institute *         | T.K Karn, Secretary                       |                                                   |                                          |                      |
| 16 | State and District of the Institute                                           | Bihar                                     | Madhubani                                         |                                          |                      |
| 17 | Category of City In which Institute is situated (A/B/C)                       | C                                         |                                                   |                                          |                      |
| 18 | Session (YYYY to YYYY)                                                        | 2023 to 2026                              |                                                   |                                          |                      |
| 19 | Course Start Date                                                             | Course End Date                           | November/2023 November/2026                       |                                          |                      |
| 20 | Present Year/Semester of the Applicant *                                      | 1st year                                  |                                                   |                                          |                      |
| 21 | Fees Charged (Year wise/Semester wise) *                                      | 2 yearly                                  |                                                   |                                          |                      |
| 22 | Expected Payment Date of the Fees to the Institute *                          | December 2024                             |                                                   |                                          |                      |
| 23 | Whether the applicant resides/or intends to reside in the institute's Hostel* | Yes                                       |                                                   |                                          |                      |
| 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                                                                  | Taluka Institute of                       | 42032554110                                       |                                          | S.B.I                |
|    | Hostel fees                                                                   | Nursing                                   |                                                   | SBIN0017483                              | D.R, B.R Ambedkar    |
|    | Mess fees                                                                     |                                           |                                                   |                                          | Dental College       |
|    | Any other                                                                     |                                           |                                                   |                                          | Patna                |
| 26 | Whether Fees required by the Institute through DD, Furnish details            |                                           |                                                   |                                          |                      |

Signature of the Authorized Contact Person of the Institute.

CERTIFICATE OF TPVA

*[Signature]*  
20.12.2024

Secretary  
Taluka Institute of Nursing  
Madhubani

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 -

Signature of the verifying TPVA Representative