



# BIHAR STUDENT CREDIT CARD SCHEME VERIFICATION REPORT

Date of Report:

APPROVED ☒

REJECTED ☐

|    |   |  |
|----|---|--|
| 1  | Registration ID   | 7117494  |
| 2  | Received for Verification on (Date)   | 20/12/24   |
| 3  | Name of the Applicant   | BHARTI KUMARI  |
| 4  | Father's Name   | BADRI NARAYAN JHA  |
| 5  | Name of the Institute In full   | AHS NURSING COLLEGE  |
| 6  | Course Applied for  | B.Sc. (Nursing)  |
| 7  | Name of the Competent Authority recognizing the Course *                      | Health Dept Govt of Bihar  |
| 8  | Roll No.(If available)/Admission Offer No.                                    | AHNB24507  |
| 9  | Name of the University in full  | Bihar University of Health Sciences, Patna, Bihar Nurses<br>Registration Council Patna   |
| 10 | University/Institute Recognized by (Name of Regulating Agency) *              | B.U.H.S  |
| 11 | Institute Affiliated since (Date) *   | 2023   |
| 12 | Validity of Affiliation up to (Date) *  | 2028   |
| 13 | Certificate no. Of Affiliation Provided by the Institute *                    | 6032 (Part-1) / 2023-132 / 13/02/24  |
| 14 | Full Address & Contact details (Landline/Mobile/Email) of the Institute *     | AHS Nursing College, Samastipur  |
| 15 | Name/Designation/Contact Details of Contact Person of the Institute *         | MD, 9165475922   |
| 16 | State and District of the Institute   | Bihar Samastipur   |
| 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   | December/2024  |
| 19 | Course End Date   | December/2028  |
| 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 *                          | Jan - 2025   |
| 23 | Whether the applicant resides/or intends to reside in the institute's Hostel* | NO   |
| 24 | Candidate Admitted in the Institute via                                       | Management Quota <input type="checkbox"/> Entrance Exam <input type="checkbox"/> or other medium <input checked="" type="checkbox"/> |
| 25 | Bank Account Details of the Institute for receiving Fees                      |  |
|    | Type of Fees  | Name of Bank Account Holder *  |
|    | Tuition fees  | AHS Nursing  |
|    | Hostel fees   | College  |
|    | Mess fees   | Samastipur   |
|    | Any other   |  |
|    | Account No. *   | 9999333  |
|    | IFSC Code*  | HDFC000  |
|    | Bank Name & Branch *  | HDFC Bank  |
|    |   | Marguari Bazar   |
|    |   | Samastipur   |
| 26 | Whether Fees required by the Institute through DD, Furnish details            |  |

Signature of the Authorized Contact Person of the Institute.

CERTIFICATE OF TPVA

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 there for)

Remarks, if any -

Signature of the verifying TPVA Representative

