

 <div>बिहार सरकार शिक्षा विभाग</div>	<div>BIHAR STUDENT CREDIT CARD SCHEME VERIFICATION REPORT</div>				
Date of Report : 2024-12-24					
Application Status : Approved					
SNO	PARTICULARS		TPVA REPORT		
1	Registration ID		CM7RBSCC122024007093221		
2	Received for Verification on		2024-12-16		
3	Name of Applicant		SWATI KUMARI		
4	Fathers Name		LALIT YADAV		
5	Name of Institute in Full		KRISHNA INSTITUTE OF NURSING AND PARAMEDICAL SCIENCES		
6	Course Applied for		BACHELOR OF PHYSIOTHERAPY		
7	Name of the Competent Authority Recognizing the Course for the Period / Session mentioned in the Admission Letter		AKU-BIHAR UNIVERSITY OF HEALTH SCIENCE		
8	Roll No. (If Available) / Admission Offer No.		39		
9	Name of University in full		ARYABHATTA KNOWLEDGE UNIVERSITY OR BIHAR NURSES REGISTRATION COUNCIL PATNA UNIVERSITY BIHAR UNIVERSITY OF HEALTH SCIENCES PATNA		
10	University / Institute Recognized by Name of Regulating Agency eg. AICTE / UGC / Central Govt / State Govt / Others		AKU-BIHAR UNIVERSITY OF HEALTH SCIENCE		
11	Institute Affiliated since		2024-12-02		
12	Validity of Affiliation upto		2028-03-31		
13	Certificate No of Affiliation Provided by the Institute		6144/2024/1593/BUHS		
14	Full Address and Contact Details (Landline / Mobile / Email) of the Institute		KRISHNA INSTITUTE OF NURSING AND PARAMEDICAL SCIENCES KRISHNA54002@GMAIL.COM		
15	Name / Designation / Contact Details of Contact Person of the Institute		ADMISSION DIRECTOR		
16	District of Institute		SAMASTIPUR		
17	Category of City in which Institute is situated		Catrgory C		
18	Duration / Session of Course		4/2024 - 2028		
19	Course Start Date	Course End Date	2024-12-01	2028-12-31	
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		2024-12-31		
23	Whether the Applicant resides or Intend to reside in the Institutes Hostel		NO		
24	Candidate Admitted to Institute via		ENTRANCE EXAM		
Serial No 25 is mandatory, in the case Institute requires different types of fees namely Tuition Fees, Hostel Fees, Mess Fees, etc. in more than one account. If the Institute requires all type of fees namely Tuition Fees, hostel Fees, Mess Fees, etc. in only one account, then only one single account details of the Institute is to be furnished.					
25	Bank Account Details of Institute for receiving Fees				
Type of Fees	Name of Bank Account Holder		Account Number	IFSC Code	Bank Name & Branch
Tuition Fees	KRISHNA INSTITUTE OF NURSING AND PARA MEDICAL SCIENCES		923020030359745	UTIB0004209	AXIS BANK, PATEL NAGAR
Hostel Fees					
Mess Fees					
Other Fees					
26	Whether Fees required by the Institute through DD, Furnish details				
27	Location		25.92247,85.730103		

CERTIFICATE OF TPVA

I have verified the above mentioned particulars to the best of my knowledge.The information provided by the institution and on the basis of this verification report, We are submitting the report to Depart of Education, Bihar.

Remarks, If Any **APPROVED BY MTCPL**
SIGNATURE OF THE VERIFYING TPVA REPRESENTATIVE

NAME OF VERIFICATION OFFICER
Abhijeet Kumar


Verified by
TPVA (Bihar)-MTCPL
BSCC