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|---|---|-----------------|--|---------------------------|
|  <div>बिहार सरकार<br/>शिक्षा विभाग</div>   | BIHAR STUDENT CREDIT CARD SCHEME<br>VERIFICATION REPORT   |                 |  |                           |
| Date of Report : 2024-12-31   |   |                 |  |                           |
| Application Status : <b>Approved</b>  |   |                 |  |                           |
| SNO   | PARTICULARS   |                 | TPVA REPORT  |                           |
| 1   | Registration ID   |                 | CM7RBSCC122024007018280  |                           |
| 2   | Received for Verification on  |                 | 2024-12-16   |                           |
| 3   | Name of Applicant   |                 | SANJAY KUMAR   |                           |
| 4   | Fathers Name  |                 | MUKESH KUMAR GUPTA   |                           |
| 5   | Name of Institute in Full   |                 | K. R. NURSING COLLEGE AND HOSPITAL   |                           |
| 6   | Course Applied for  |                 | B.SC. NURSING  |                           |
| 7   | Name of the Competent Authority Recognizing the Course for the Period / Session mentioned in the Admission Letter   |                 | HEALTH DEPARTMENT GOVERNMENT OF BIHAR  |                           |
| 8   | Roll No. (If Available) / Admission Offer No.   |                 | 42   |                           |
| 9   | Name of University in full  |                 | BNRCBIHAR UNIVERSITY OF HEALTH SCIENCES PATNA<br>ARYABHATTA KNOWLEDGE UNIVERSITY PATNA                 |                           |
| 10  | University / Institute Recognized by Name of Regulating Agency eg. AICTE / UGC / Central Govt / State Govt / Others |                 | BNRC/BUHS PATNA  |                           |
| 11  | Institute Affiliated since  |                 | 2024-02-10   |                           |
| 12  | Validity of Affiliation upto  |                 | 2028-03-31   |                           |
| 13  | Certificate No of Affiliation Provided by the Institute   |                 | 516/BNRC/2020/431/BNRC   |                           |
| 14  | Full Address and Contact Details (Landline / Mobile / Email) of the Institute                                       |                 | K. R. NURSING COLLEGE AND HOSPITAL,KASHI BAZAR CHHAPRA,<br>SARAN-841301 KRNURSINGCOLLEGE2020@GMAIL.COM |                           |
| 15  | Name / Designation / Contact Details of Contact Person of the Institute   |                 | BINOD KUMAR 9835253332   |                           |
| 16  | District of Institute   |                 | SARAN  |                           |
| 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 | 2024-09-01   | 2028-09-30                |
| 20  | Present Year / Semester of the Applicant  |                 | FIRST YEAR   |                           |
| 21  | Fees Charged (Year wise / Semester wise)  |                 | YEAR WISE  |                           |
| 22  | Expected Payment Date of the Fees to the Institute  |                 | 2025-01-31   |                           |
| 23  | Whether the Applicant resides or Intend to reside in the Institutes Hostel  |                 | YES  |                           |
| 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  | K. R. NURSING COLLEGE AND HOSPITAL  | 41578382768     | SBIN0010081  | SBI BHAGWAN BAZAR CHHAPRA |
| Hostel Fees   |   |                 |  |                           |
| Mess Fees   |   |                 |  |                           |
| Other Fees  |   |                 |  |                           |
| 26  | Whether Fees required by the Institute through DD, Furnish details  |                 |  |                           |
| 27  | Location  |                 | 25.785675,84.720896  |                           |

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  
Chandan Kumar Shriwastawa

  
Verified by  
TPVA (Bihar)-MTCPL  
BSCC