

BIHAR STUDENT CREDIT CARD SCHEME VERIFICATION REPORT

Date of Report:

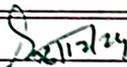
APPROVED

REJECTED

| | | | | |
|----|---|--|---|--|
| 1 | Registration ID | 7080489 | | |
| 2 | Received for Verification on (Date) | 29/12/2024 | | |
| 3 | Name of the Applicant | ANAND KUMAR | | |
| 4 | Father's Name | LALBABU SAMANI | | |
| 5 | Name of the Institute in full | SUSHADRA DEVI SCHOOL OF NURSING, VAISHALI | | |
| 6 | Course Applied for | General Nursing Midwifery (G.N.M) | | |
| 7 | Name of the Competent Authority recognizing the Course * | B.U.H.S PATNA | | |
| 8 | Roll No. (if available)/Admission Offer No. | 09 | | |
| 9 | Name of the University in full | ARYASHATTA KNOWLEDGE UNIVERSITY OR Bihar Nurses | | |
| 10 | University/Institute Recognized by (Name of Regulating Agency) * | Registration Council Patna, Bihar University of Health Sciences, Patna B.U.H.S PATNA | | |
| 11 | Institute Affiliated since (Date) * | 17/03/2023 | | |
| 12 | Validity of Affiliation up to (Date) * | 16/03/2026 | | |
| 13 | Certificate no. Of Affiliation Provided by the Institute * | 499/BNRC/2020/601/BNRC | | |
| 14 | Full Address & Contact details (Landline/Mobile/Email) of the Institute * | S.D.O. Road Hajipur, 9431817111 | | |
| 15 | Name/Designation/Contact Details of Contact Person of the Institute * | RAJENDRA RAY (CHAIRMAN) | | |
| 16 | State and District of the Institute | Bihar | Vaishali | |
| 17 | Category of City in which Institute is situated (A/B/C) | C | | |
| 18 | Session (YYY to YYY) | 2024 to 2027 | | |
| 19 | Course Start Date | Course End Date | October/2024 | November/2027 |
| 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 * | december 2024 | | |
| 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 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 | Subhadra devi | 02852010 | CNRB0000 CANARA BANK |
| | Hostel fees | School of Nursing | 51596 | 285 HAJIPUR |
| | 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

Principal

Subhadra Devi School of Nursing,

Hajipur, Vaishali-844101

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 FOR RECOMMENDATION (For Sanction)

Remarks, if any -

Signature of the verifying TPVA Representative