



# BIHAR STUDENT CREDIT CARD SCHEME VERIFICATION REPORT

Date of Report: \_\_\_\_\_

APPROVED

REJECTED

1	Registration ID	7111333
2	Received for Verification on (Date)	23/12/2024
3	Name of the Applicant	RIMJHIM KUMARI
4	Father's Name	JWALA PRASAD SINGH
5	Name of the Institute In full	BEST NURSING INSTITUTE
6	Course Applied for	B.Sc. (Nursing)
7	Name of the Competent Authority recognizing the Course *	BIHAR NURSES REGISTRATION COUNCIL
8	Roll No.(If available)/Admission Offer No.	BEST/R-49/BSCN/2428
9	Name of the University in full	Bihar Nurses Registration Council Patna, Bihar University of Health Sciences, Patna
10	University/Institute Recognized by (Name of Regulating Agency) *	BNRC/BIHAR UNIVERSITY OF HEALTH SCIENCE PATNA
11	Institute Affiliated since (Date) *	31-10-2023
12	Validity of Affiliation up to (Date) *	OCT-2027
13	Certificate no. Of Affiliation Provided by the Institute *	674/BNRC/2021/2767
14	Full Address & Contact details (Landline/Mobile/Email) of the Institute *	COOLAMBAR NEAR BABA DHARM KANTA (BXR)
15	Name/Designation/Contact Details of Contact Person of the Institute *	LAKSHMAN TIWARI (DIRECTOR) 8210359221
16	State and District of the Institute	Bihar Buxar
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
	Course End Date	December/2028
20	Present Year/Semester of the Applicant *	1ST YEAR
21	Fees Charged (Year wise/Semester wise) *	SEMESTER WISE
22	Expected Payment Date of the Fees to the Institute *	DEC -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 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 *
		Account No. *
		IFSC Code*
		Bank Name & Branch *
	Tuition fees	BEST NURSING INSTITUTE
	Hostel fees	8390010100
	Mess fees	UBIN05639
	Any other	UNION BANK OF INDIA (BXR)
		50382
		01
		"
		"
		"
		"
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 oneaccount, then only single account details of the institute is to be furnished.

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 if any)

Remarks,if any -

**DIRECTOR**  
**BEST NURSING INSTITUTE**  
**BUXAR**

Signature of the verifying TPVA Representative