



बिहार सरकार
शिक्षा विभाग

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 *	GOLAMBAR 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 Course End Date	December/2024 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 *
	Tuition fees	BEST NURSING
	Hostel fees	INSTITUTE
	Mess fees	"
	Any other	"
	Account No. *	8390010100
	IFSC Code*	UBIN05639
	Bank Name & Branch *	UNION BANK OF INDIA (BXR)
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 for)

Remarks, if any -

DIRECTOR
BEST NURSING INSTITUTE
BUXAR

Signature of the verifying TPVA Representative