



बिहार सरकार
शिक्षा विभाग

BIHAR STUDENT CREDIT CARD SCHEME

VERIFICATION REPORT

Date of Report: _____

APPROVED

REJECTED

| | | | | |
|----|--|--|---|--|
| 1 | Registration ID | 7120388 | | |
| 2 | Received for Verification on (Date) | 25-12-2024 | | |
| 3 | Name of the Applicant | PIYUSH KUMAR | | |
| 4 | Father's Name | KAMLESH KUMAR | | |
| 5 | Name of the Institute In full | VIVEKANAND PARAMEDICAL & NURSING COLLEGE, GAYA | | |
| 6 | Course Applied for | B.Sc. (Nursing) | | |
| 7 | Name of the Competent Authority recognizing the Course * | BIHAR UNIVERSITY OF HEALTH SCIENCE, PATNA | | |
| 8 | Roll No.(If available)/Admission Offer No. | 27 | | |
| 9 | Name of the University in full | Aryabhata Knowledge University, Patna, Bihar Nurses Registration Council Patna, Bihar University of Health Sciences, Patna | | |
| 10 | University/Institute Recognized by (Name of Regulating Agency) * | HEALTH DEPARTMENT (GOVT. OF BIHAR), PATNA | | |
| 11 | Institute Affiliated since (Date) * | 30-10-2019 | | |
| 12 | Validity of Affiliation up to (Date) * | 2024 - 2028 | | |
| 13 | Certificate no. Of Affiliation Provided by the Institute * | 18931BNRC, DATED - 16-09-2022 | | |
| 14 | Full Address & Contact details (Landline/Mobile/Email) of the Institute * | KOSHILA TOLA, HARPAS PUR, P.S- MV, GAYA | | |
| 15 | Name/Designation/Contact Details of Contact Person of the Institute * | RAJESH KUMAR / DIRECTOR, 7004625783 | | |
| 16 | State and District of the Institute | Bihar | Gaya | |
| 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 | September/2024 October/2028 | |
| 20 | Present Year/Semester of the Applicant * | 1 ST YEAR | | |
| 21 | Fees Charged (Year wise/Semester wise) * | YEAR WISE | | |
| 22 | Expected Payment Date of the Fees to the Institute * | 16-01-2025 | | |
| 23 | Whether the applicant resides/or intends to reside in the institute's Hostel* | YES | | |
| 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 | VIVEKANAND PARAMEDICAL | 99999199648056 | HDFC0000421 HDFC BANK, SWARAJ PUR |
| | Hostel fees | NURSING COLLEGE | | ROAD, GAYA |
| | 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.

[Signature]
Director

CERTIFICATE OF TPVA

Vivekanand Paramedical & Nursing College

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 therefor)

Remarks,if any -

Signature of the verifying TPVA Representative