



BIHAR STUDENT CREDIT CARD SCHEME VERIFICATION REPORT

Date of Report:

APPROVED ☒

REJECTED ☐

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|---|---|---|--|---|
| 1 | Registration ID | 7099691 | | |
| 2 | Received for Verification on (Date) | 24/12/2024 | | |
| 3 | Name of the Applicant | AMIT KUMAR | | |
| 4 | Father's Name | SANJAY KUMAR | | |
| 5 | Name of the Institute In full | DR. INDIRA INSTITUTE OF NURSING AND PARAMEDICAL | | |
| 6 | Course Applied for | General Nursing Midwifery (G.N.M) | | |
| 7 | Name of the Competent Authority recognizing the Course * | HEALTH DEPT GOVT OF BIHAR | | |
| 8 | Roll No.(If available)/Admission Offer No. | 30 | | |
| 9 | Name of the University in full | Bihar Nurses Registration Council Patna/ Bihar University of Health Sciences, Patna, Aryabhatta Knowledge University, Patna | | |
| 10 | University/Institute Recognized by (Name of Regulating Agency) * | BMAC PATNA / BUHS PATNA | | |
| 11 | Institute Affiliated since (Date) * | 2020 | | |
| 12 | Validity of Affiliation up to (Date) * | 2025 | | |
| 13 | Certificate no. Of Affiliation Provided by the Institute * | 309 (6) | | |
| 14 | Full Address & Contact details (Landline/Mobile/Email) of the Institute * | dr.gnpnu2@gmail.com | | |
| 15 | Name/Designation/Contact Details of Contact Person of the Institute * | ABHISHEK KUMAR / 9205579898 | | |
| 16 | State and District of the Institute | Bihar Muzaffarpur | | |
| 17 | Category of City In which Institute is situated (A/B/C) | C | | |
| 18 | Session (YYYY to YYYY) | 2024 to 2027 | | |
| 19 | Course Start Date | November/2024 | Course End Date | December/2027 |
| 20 | Present Year/Semester of the Applicant * | 1st YEAR | | |
| 21 | Fees Charged (Year wise/Semester wise) * | YEARLY | | |
| 22 | Expected Payment Date of the Fees to the Institute * | DECEMBER | | |
| 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 | DR. INDIRA INST | 5291020000 | BARBOHAR | BANK OF BARODA |
| Hostel fees | OF NURSING & | 0328 | MUZ | HARAPUR BAKHAR |
| Mess fees | PARAMEDICAL | | | MUZAFFARPUR. |
| 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 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 therefor)

Remarks,if any -

Signature of the verifying TPVA Representative