

BIHAR STUDENT CREDIT CARD SCHEME VERIFICATION REPORT

Date of Report: _____

APPROVED

REJECTED

| | | | | | | |
|----|---|--|---------------|---|--------------------------|--|
| 1 | Registration ID | 7121500 | | | | |
| 2 | Received for Verification on (Date) | 30-12-2024 | | | | |
| 3 | Name of the Applicant | NIBHA KUMARI | | | | |
| 4 | Father's Name | RAJEEV KUMAR SINGH | | | | |
| 5 | Name of the Institute in full | RAJ ARYAN NURSING AND PARAMEDICAL COLLEGE | | | | |
| 6 | Course Applied for | B.Sc. (Nursing) | | | | |
| 7 | Name of the Competent Authority recognizing the Course * | UNIV. OF BIHAR, BNRC, BUHS, PATNA | | | | |
| 8 | Roll No. (If available)/Admission Offer No. | 85 | | | | |
| 9 | Name of the University in full | Aryabhata Knowledge University, Bihar University of Health Sciences, Patna/Bihar Nurses Registration Council Patna | | | | |
| 10 | University/Institute Recognized by (Name of Regulating Agency) * | UNIV. OF BIHAR, BNRC, BUHS, PATNA | | | | |
| 11 | Institute Affiliated since (Date) * | 2020 | | | | |
| 12 | Validity of Affiliation up to (Date) * | 2022-26 | | | | |
| 13 | Certificate no. Of Affiliation Provided by the Institute * | 2338 - 27-06-2024 | | | | |
| 14 | Full Address & Contact details (Landline/Mobile/Email) of the Institute * | 9905117686 - 8amfc06@gmail.com | | | | |
| 15 | Name/Designation/Contact Details of Contact Person of the Institute * | MEERA SONHA | | | | |
| 16 | State and District of the Institute | Bihar | | Nalanda | | |
| 17 | Category of City In which Institute is situated (A/B/C) | C | | | | |
| 18 | Session (YYYY to YYYY) | 2022 to 2026 | | | | |
| 19 | Course Start Date | Course End Date | | December/2022 | | |
| 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 * | JUNE | | | | |
| 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 | RAJ ARYAN NURSING | 5790201100 | BKID000 | BANK OF INDIA | |
| | Hostel fees | PARAMEDICAL | 00348 | 5790 | TRANSPORT NALANDA, PATNA | |
| | Mess fees | COLLEGE | | | | |
| | 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.

Principal

CERTIFICATE OF TPVA

**Raj Aryan Nursing & Para Medical College
Mohhadinpur, Ramghat, Nalanda**

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