



बिहार सरकार
शिक्षा विभाग

BIHAR STUDENT CREDIT CARD SCHEME

VERIFICATION REPORT

Date of Report:

APPROVED ☒

REJECTED ☐

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|----|---|--|
| 1 | Registration ID | 7118935 |
| 2 | Received for Verification on (Date) | 21/12/2024 |
| 3 | Name of the Applicant | PRITI KUMARI |
| 4 | Father's Name | REBTI RAMAN SINGH |
| 5 | Name of the Institute In full | PRAMEELA ADHAR NURSING SCHOOL, B.SC. NURSING COLLEGE, SAMASTIPUR |
| 6 | Course Applied for | B.Sc. (Nursing) |
| 7 | Name of the Competent Authority recognizing the Course * | State Health Dept of Bihar |
| 8 | Roll No.(If available)/Admission Offer No. | 81 |
| 9 | Name of the University in full | Aryabhatta Knowledge University, Patna, Bihar University of Health Sciences, Patna |
| 10 | University/Institute Recognized by (Name of Regulating Agency) * | Bihar University of Health Sciences |
| 11 | Institute Affiliated since (Date) * | 2021 |
| 12 | Validity of Affiliation up to (Date) * | 2028 |
| 13 | Certificate no. Of Affiliation Provided by the Institute * | 324 bdt 06.03.2019 |
| 14 | Full Address & Contact details (Landline/Mobile/Email) of the Institute * | PAN (BSCN w/ Reg) Samastipur |
| 15 | Name/Designation/Contact Details of Contact Person of the Institute * | M.D 9661404540 |
| 16 | State and District of the Institute | Bihar Samastipur |
| 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 | November/2024 |
| 20 | Course End Date | December/2028 |
| 21 | Present Year/Semester of the Applicant * | 1st year |
| 22 | Fees Charged (Year wise/Semester wise) * | Yes under |
| 23 | Expected Payment Date of the Fees to the Institute * | Before-2024 |
| 24 | Whether the applicant resides/or intends to reside in the institute's Hostel* | No |
| 25 | Candidate Admitted in the Institute via | Management Quota <input type="checkbox"/> Entrance Exam <input checked="" type="checkbox"/> or other medium <input type="checkbox"/> |
| 26 | Bank Account Details of the Institute for receiving Fees | |
| | Type of Fees | Name of Bank Account Holder * |
| | Tuition fees | PRAMEELA ADHAR |
| | Hostel fees | ADHAR NURSING SCHOOL |
| | Mess fees | VIOSSE |
| | Any other | Yes |
| | Account No. * | SB200040-982579 |
| | IFSC Code* | HDFC000-9033 |
| | Bank Name & Branch * | HDFC BANK Samastipur |
| 26 | Whether Fees required by the Institute through DD, Furnish details | |
| | online m-mma | |

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 name for sanction of Education Loan by BSEFCL under Bihar Student Credit Card Scheme is RECOMMENDED/NOT RECOMMENDED (Please tick mark) ☒ ☐ SAMASTIPUR

Signature of the verifying TPVA Representative