



BIHAR STUDENT CREDIT CARD SCHEME VERIFICATION REPORT

Date of Report: _____

APPROVED

REJECTED

1	Registration ID	7099798			
2	Received for Verification on (Date)	28-12-2024			
3	Name of the Applicant	SUPRIYA KUMARI			
4	Father's Name	PRAMOD KUMAR SINGH			
5	Name of the Institute in full	SHRI BHAGWAT PRASAD SINGH MEMORIAL COLLEGE OF NURSING			
6	Course Applied for	B.Sc. (Nursing)			
7	Name of the Competent Authority recognizing the Course *	Health Dept. of Bihar			
8	Roll No.(If available)/Admission Offer No.	64			
9	Name of the University In full	ARYABHATTA KNOWLEDGE UNIVERSITY, PATNA OR Bihar Nurses Registration Council Patna, Bihar University of Health Sciences, Patna			
10	University/Institute Recognized by (Name of Regulating Agency) *	BUNB, Patna			
11	Institute Affiliated since (Date) *	08-03-2019			
12	Validity of Affiliation up to (Date) *	29-09-2027			
13	Certificate no. Of Affiliation Provided by the Institute *	878/PNRC/2022/4120, 6144/2024-1569/BUNB			
14	Full Address & Contact details (Landline/Mobile/Email) of the Institute *	7004820900, 8688080808, shrbhagwatcollegeofnursing@gmail.com			
15	Name/Designation/Contact Details of Contact Person of the Institute *	ASHAY KUMAR			
16	State and District of the Institute	Bihar Aurangabad			
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	October/2024			
	Course End Date	October/2028			
20	Present Year/Semester of the Applicant *	1st year			
21	Fees Charged (Year wise/Semester wise) *	year wise			
22	Expected Payment Date of the Fees to the Institute *	Jan 2025			
23	Whether the applicant resides/or intends to reside in the Institute's Hostel*	no/not intends to reside			
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	Shri Bhagwat Prasad	31530021	PUNB031	PUNB, Sheoganj
	Hostel fees	Singh Memorial	00004047	5300	Aurangabad
	Mess fees	college of nursing			
	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)

CERTIFICATE OF TPVA

Director

I have verified the above mentioned particulars with respect to the applicant and on the basis of the information reported the applicant's case for sanction of Education Loan by BSEFCL under Bihar Student Credit Card Scheme is RECOMMENDED/NOT RECOMMENDED (Reasons therefor) **Do not U.T. from Aurangabad (Bihar)**

Signature of the verifying TPVA Representative