



# BIHAR STUDENT CREDIT CARD SCHEME

## VERIFICATION REPORT

Date of Report: \_\_\_\_\_

APPROVED

REJECTED

|    |                                                                               |                                                                               |                                                   |                                          |
|----|-------------------------------------------------------------------------------|-------------------------------------------------------------------------------|---------------------------------------------------|------------------------------------------|
| 1  | Registration ID                                                               | 7099123                                                                       |                                                   |                                          |
| 2  | Received for Verification on (Date)                                           | 28-12-2024                                                                    |                                                   |                                          |
| 3  | Name of the Applicant                                                         | RAUSHAN KUMAR                                                                 |                                                   |                                          |
| 4  | Father's Name                                                                 | JITENDRA KUMAR                                                                |                                                   |                                          |
| 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.                                    | 29                                                                            |                                                   |                                          |
| 9  | Name of the University in full                                                | ARYABHATTA KNOWLEDGE UNIVERSITY, PATNA OR Bihar                               |                                                   |                                          |
| 10 | University/Institute Recognized by (Name of Regulating Agency) *              | Nurses Registration Council Patna, Bihar University of Health Sciences, 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/BNRC/2022/4120, 6144/2024-1569/BUHS                                       |                                                   |                                          |
| 14 | Full Address & Contact details (Landline/Mobile/Email) of the Institute *     | 7504820900, sbpnmcollegeofnursing@gmail.com                                   |                                                   |                                          |
| 15 | Name/Designation/Contact Details of Contact Person of the Institute *         | ABHAY 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                                                                  | 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*                               |
|    | Tuition fees                                                                  | Shri Bhagwat Prasad                                                           | 31530021                                          | PUNB 031                                 |
|    | Hostel fees                                                                   | Singh Memorial                                                                | 00004047                                          | 5300                                     |
|    | 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.

**CERTIFICATE OF TPVA**  
**Director**

I have verified the above mentioned particulars with respect to the applicant and on the basis of the information furnished by the applicant and on the basis of the information furnished by the institute, the 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