


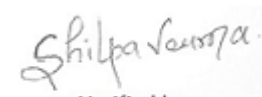
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|  <div>बिहार सरकार शिक्षा विभाग</div> | BIHAR STUDENT CREDIT CARD SCHEME VERIFICATION REPORT | | | |
| Date of Report : 2024-12-31 | | | | |
| Application Status : Approved | | | | |
| SNO | PARTICULARS | | TPVA REPORT | |
| 1 | Registration ID | | CM7RBSCC122024007118652 | |
| 2 | Received for Verification on | | 2024-12-20 | |
| 3 | Name of Applicant | | VIKRAM KUMAR | |
| 4 | Fathers Name | | NATHUNI PASWAN | |
| 5 | Name of 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 for the Period / Session mentioned in the Admission Letter | | HEALTH DEPT. GOVT. OF BIHAR | |
| 8 | Roll No. (If Available) / Admission Offer No. | | 06 | |
| 9 | Name of 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 eg. AICTE / UGC / Central Govt / State Govt / Others | | BNRC PATNA BUHS PATNA | |
| 11 | Institute Affiliated since | | 2020-03-01 | |
| 12 | Validity of Affiliation upto | | 2025-04-01 | |
| 13 | Certificate No of Affiliation Provided by the Institute | | 309 (6) | |
| 14 | Full Address and Contact Details (Landline / Mobile / Email) of the Institute | | MUZAFFARPUR DR.IINPMUZ@GMAIL.COM | |
| 15 | Name / Designation / Contact Details of Contact Person of the Institute | | ABHISHEK KUMAR / 9205579848 | |
| 16 | District of Institute | | MUZAFFARPUR | |
| 17 | Category of City in which Institute is situated | | Catrgory C | |
| 18 | Duration / Session of Course | | 3/2024 - 2027 | |
| 19 | Course Start Date | Course End Date | 2024-11-01 | 2027-12-31 |
| 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 | | 2025-01-31 | |
| 23 | Whether the Applicant resides or Intend to reside in the Institutes Hostel | | NO | |
| 24 | Candidate Admitted to Institute via | | OTHER | |
| Serial No 25 is mandatory, in the case Institute requires different types of fees namely Tuition Fees, Hostel Fees, Mess Fees, etc. in more than one account. If the Institute requires all type of fees namely Tuition Fees, hostel Fees, Mess Fees, etc. in only one account, then only one single account details of the Institute is to be furnished. | | | | |
| 25 | Bank Account Details of Institute for receiving Fees | | | |
| Type of Fees | Name of Bank Account Holder | Account Number | IFSC Code | Bank Name & Branch |
| Tuition Fees | DR. INDIRA INSTITUTE OF NURSING AND PARAMEDICAL | 52910200000328 | BARB0HARMUZ | BANK OF BARODA HARPUR BAKHARI MUZAFFARPUR |
| Hostel Fees | | | | |
| Mess Fees | | | | |
| Other Fees | | | | |
| 26 | Whether Fees required by the Institute through DD, Furnish details | | | |
| 27 | Location | | 26.182914, 82.420.437 | |
| CERTIFICATE OF TPVA | | | | |

I have verified the above mentioned particulars to the best of my knowledge.The information provided by the institution and on the basis of this verification report, We are submitting the report to Depart of Education, Bihar.

Remarks, If Any

APPROVED BY MTCPL

SIGNATURE OF THE VERIFYING TPVA REPRESENTATIVE



Verified by
TPVA (Bihar)-MTCPL
BSCC

NAME OF VERIFICATION OFFICER

Anil Kumar Singh