



BIHAR STUDENT CREDIT CARD SCHEME VERIFICATION REPORT

Date of Report:

APPROVED ☒

REJECTED ☐

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|----|---|---|---|--|
| 1 | Registration ID | 7124931 | | |
| 2 | Received for Verification on (Date) | 21/12/24 | | |
| 3 | Name of the Applicant | SHABNAM KUMARI | | |
| 4 | Father's Name | RAMNATH THAKUR | | |
| 5 | Name of the Institute In full | SHAHEED PRAMOD NURSING INSTITUTE | | |
| 6 | Course Applied for | General Nursing Midwifery (G.N.M) | | |
| 7 | Name of the Competent Authority recognizing the Course * | BNRC / GOVT OF BIHAR | | |
| 8 | Roll No.(If available)/Admission Offer No. | 06 | | |
| 9 | Name of the University in full | Bihar Nurses Registration Council, Patna or Bihar University of Health Sciences | | |
| 10 | University/Institute Recognized by (Name of Regulating Agency) * | BNRC / BUHS | | |
| 11 | Institute Affiliated since (Date) * | 31-03-2023 | | |
| 12 | Validity of Affiliation up to (Date) * | 2026 | | |
| 13 | Certificate no. Of Affiliation Provided by the Institute * | 2023/246 / BNRC | | |
| 14 | Full Address & Contact details (Landline/Mobile/Email) of the Institute * | Shahed Pramod Nursing Institute@gmail | | |
| 15 | Name/Designation/Contact Details of Contact Person of the Institute * | Shyam Nandan Kumar Yadav 901660016 | | |
| 16 | State and District of the Institute | Bihar Muzaffarpur | | |
| 17 | Category of City In which Institute is situated (A/B/C) | C | | |
| 18 | Session (YYYY to YY/YY) | 2023 to 2026 | | |
| 19 | Course Start Date | Course End Date | October/2023 December/2026 | |
| 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 * | December | | |
| 23 | Whether the applicant resides/or intends to reside in the institute's Hostel* | Yes | | |
| 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 | Shahed Pramod | 75545010 | IDIB000 Indian Bank Madhupur |
| | Hostel fees | Nursing Institute | 741 | M520 SUSTA MUZ. 842002 |
| | Mess fees | | | |
| | 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

I have verified the above mentioned particulars with respect to the applicant and on the basis of this report and report of the institute for sanction of Education Loan by BSECL under Bihar Student Credit Card Scheme is RECOMMENDED/NOT RECOMMENDED (Reasons therefor)

Remarks,if any -

Signature of the verifying TPVA Representative