


|  <div>बिहार सरकार शिक्षा विभाग</div> | BIHAR STUDENT CREDIT CARD SCHEME VERIFICATION REPORT | | | |
|---|---|-----------------|---|---|
| Date of Report : 2024-12-30 | | | | |
| Application Status : Approved | | | | |
| SNO | PARTICULARS | | TPVA REPORT | |
| 1 | Registration ID | | CM7RBSCC122024007095165 | |
| 2 | Received for Verification on | | 2024-12-20 | |
| 3 | Name of Applicant | | ABDUL HASEEB | |
| 4 | Fathers Name | | SHEKH ATIF | |
| 5 | Name of Institute in Full | | KRISHNA INSTITUTE OF NURSING AND PARAMEDICAL SCIENCES | |
| 6 | Course Applied for | | BACHELOR OF PHYSIOTHERAPY | |
| 7 | Name of the Competent Authority Recognizing the Course for the Period / Session mentioned in the Admission Letter | | AKU-BIHAR UNIVERSITY OF HEALTH SCIENCES PATNA | |
| 8 | Roll No. (If Available) / Admission Offer No. | | 69 | |
| 9 | Name of University in full | | ARYABHATTA KNOWLEDGE UNIVERSITY OR BIHAR NURSES REGISTRATION COUNCIL PATNA UNIVERSITY BIHAR UNIVERSITY OF HEALTH SCIENCES PATNA | |
| 10 | University / Institute Recognized by Name of Regulating Agency eg. AICTE / UGC / Central Govt / State Govt / Others | | AKU-BIHAR UNIVERSITY OF HEALTH SCIENCES PATNA | |
| 11 | Institute Affiliated since | | 2024-12-02 | |
| 12 | Validity of Affiliation upto | | 2028-03-31 | |
| 13 | Certificate No of Affiliation Provided by the Institute | | 6144/2024 -1626 | |
| 14 | Full Address and Contact Details (Landline / Mobile / Email) of the Institute | | KRISHNA INSTITUTE OF NURSING AND PARAMEDICAL SCIENCES KRISHNA54002@GMAIL.COM | |
| 15 | Name / Designation / Contact Details of Contact Person of the Institute | | ADMISSION DIRECTOR 9431242412 | |
| 16 | District of Institute | | SAMASTIPUR | |
| 17 | Category of City in which Institute is situated | | Catrgory C | |
| 18 | Duration / Session of Course | | 4/2024 - 2028 | |
| 19 | Course Start Date | Course End Date | 2024-12-01 | 2028-12-31 |
| 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 | | 2025-01-31 | |
| 23 | Whether the Applicant resides or Intend to reside in the Institutes Hostel | | YES | |
| 24 | Candidate Admitted to Institute via | | ENTRANCE EXAM | |
| 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 | KRISHNA INSTITUTE OF NURSING AND PARAMEDICAL SCIENCES | | 923020030359745 | UTIB0004209 AXIS BANK, PATEL NAGAR |
| Hostel Fees | | | | |
| Mess Fees | | | | |
| Other Fees | | | | |
| 26 | Whether Fees required by the Institute through DD, Furnish details | | | |
| 27 | Location | | 25.92246, 85.73018 | |

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

Rahul Kumar
Verified by
TPVA (Bihar)-MTCPL
BSCC

NAME OF VERIFICATION OFFICER
Abhijeet Kumar