

 <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		CM7RBSCC122024007114702	
2	Received for Verification on		2024-12-20	
3	Name of Applicant		HIMANSHU KUMAR	
4	Fathers Name		RAM LAKHAN RAY	
5	Name of Institute in Full		KRISHNA INSTITUTE OF NURSING AND PARA MEDICAL SCIENCES	
6	Course Applied for		BACHELOR OF PHARMACY	
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.		18	
9	Name of University in full		ARYABHATTA KNOWLEDGE UNIVERSITY PATNA 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		2028-12-31	
13	Certificate No of Affiliation Provided by the Institute		6144/2024-1590	
14	Full Address and Contact Details (Landline / Mobile / Email) of the Institute		KRISHNA INSTITUTE OF NURSING AND PARA MEDICAL SCIENCES, SAMASTIPUR KRISHNASAMASTIPUR2018@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		2024-12-31	
23	Whether the Applicant resides or Intend to reside in the Institutes Hostel		NO	
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 PARA MEDICAL 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		25.92247, 85.730103	

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

NAME OF VERIFICATION OFFICER
Abhijeet Kumar

Handwritten Signature

Verified By
TPVA (Bihar)-MTCPL
BSCC