



BIHAR STUDENT CREDIT CARD SCHEME VERIFICATION REPORT

Date of Report : 2024-12-30

Application Status : **Approved**

SNO	PARTICULARS	TPVA REPORT		
1	Registration ID	CM7RBSCC122024007099053		
2	Received for Verification on	2024-12-25		
3	Name of Applicant	AZAD KUMAR		
4	Fathers Name	KARU RAY		
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.	66		
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

NAME OF VERIFICATION OFFICER
Abhijeet Kumar

Rahul Kumar
Verified by

**TPVA (Bihar)-MTCPL
BSCC**