



BIHAR STUDENT CREDIT CARD SCHEME VERIFICATION REPORT

Date of Report:

APPROVED

REJECTED

1	Registration ID	7099114		
2	Received for Verification on (Date)	28-12-2024		
3	Name of the Applicant	VIKASH KUMAR		
4	Father's Name	MITHLESH RAY		
5	Name of the 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 *	AKU-Bihar University of Health Sciences		
8	Roll No.(If available)/Admission Offer No.	67		
9	Name of the 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) *	AKU-Bihar University of Health Sciences		
11	Institute Affiliated since (Date) *	02-12-2024		
12	Validity of Affiliation up to (Date) *	2028		
13	Certificate no. Of Affiliation Provided by the Institute *	6144/2024-1626		
14	Full Address & Contact details (Landline/Mobile/Email) of the Institute *	K.I.N.P.M.S, Samastipur - 9431242412		
15	Name/Designation/Contact Details of Contact Person of the Institute *	Admission Director		
16	State and District of the Institute	Bihar	Samastipur	
17	Category of City In which Institute is situated (A/B/C)	C		
18	Session (YYYY to YYYY)	2024 to 2028		
19	Course Start Date	Course End Date	December/2024	
			December/2028	
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 *	January - 2025		
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	Krishna Institute	9230200	UTIB000 Axis Bank
	Hostel fees	of Nursing and	30359745	4209 Patel Nagar
	Mess fees	Paramedical		Patna.
	Any other	Sciences.		
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 oneaccount, then only single account details of the institute is to be furnished.

Signature of the Authorized Contact Person of the Institute.

Prakash Kumar

CERTIFICATE OF TPVA

I have verified the above mentioned particulars with respect to the applicant and on the basis of this verification report the applicant's case for sanction of Education Loan by BSEFCL under Bihar Student Credit Card Scheme is RECOMMENDED/NOT RECOMMENDED (Remarks therefor)

Remarks,if any -



Signature of the verifying TPVA Representative

Email Id :- Krishna54002@gmail.com.