



BIHAR STUDENT CREDIT CARD SCHEME

VERIFICATION REPORT

Date of Report:

APPROVED ☒

REJECTED ☐

| | | | | |
|--|---|--|------------|----------------------|
| 1 | Registration ID | 7135174 | | |
| 2 | Received for Verification on (Date) | 31-12-2024 | | |
| 3 | Name of the Applicant | EKTA KUMARI | | |
| 4 | Father's Name | ARUN KUMAR YADAV | | |
| 5 | Name of the Institute in full | LUV KUSH NURSING INSTITUTE | | |
| 6 | Course Applied for | General Nursing Midwifery (G.N.M) | | |
| 7 | Name of the Competent Authority recognizing the Course * | Health Dept. Govt. of Bihar. | | |
| 8 | Roll No.(If available)/Admission Offer No. | 27 | | |
| 9 | Name of the University in full | Bihar University of Health Sciences, Patna or Bihar Nurses | | |
| 10 | University/Institute Recognized by (Name of Regulating Agency) * | Registration Council Patna | | |
| 11 | Institute Affiliated since (Date) * | B.N.R.C. Patna Bihar | | |
| 12 | Validity of Affiliation up to (Date) * | 10.01.24 | | |
| 13 | Certificate no. Of Affiliation Provided by the Institute * | 2024 - 27 | | |
| 14 | Full Address & Contact details (Landline/Mobile/Email) of the Institute * | 121/वि.सं.सं.सं. 12024/4153 Date-4.10.24 | | |
| 15 | Name/Designation/Contact Details of Contact Person of the Institute * | luvkush.education.welfare.trust@gmail.com | | |
| 16 | State and District of the Institute | Sanjeet Kumar (Director) | | |
| 17 | Category of City in which Institute is situated (A/B/C) | Bihar Katihar | | |
| 18 | Session (YYYY to YYYY) | C. | | |
| 19 | Course Start Date | 2024 to 2027 | | |
| 20 | Present Year/Semester of the Applicant * | September/2024 September/2027 | | |
| 21 | Fees Charged (Year wise/Semester wise) * | 1st Year | | |
| 22 | Expected Payment Date of the Fees to the Institute * | Year wise. | | |
| 23 | Whether the applicant resides/or intends to reside in the Institute's Hostel* | Feb - 25 | | |
| 24 | Candidate Admitted in the Institute via | Yes | | |
| 25 | Bank Account Details of the Institute for receiving Fees | Management Quota <input type="checkbox"/> Entrance Exam <input checked="" type="checkbox"/> or other medium <input type="checkbox"/> | | |
| Type of Fees | Name of Bank Account Holder * | Account No. * | IFSC Code* | Bank Name & Branch * |
| Tuition fees | LuvKush Education | 921020033 | UTZB0000 | Axis Bank, Shaheed |
| Hostel fees | and Welfare Trust | 688972 | 767 | chowk., Katihar. |
| Mess fees | | | | 854105 |
| 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

Director

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 (Reasons therefor)

Remarks,if any -

Luv Kush Nursing Institute
At-Siranda, Pranpur (Katihar)

Signature of the verifying TPVA Representative