

BIHAR STUDENT CREDIT CARD SCHEME VERIFICATION REPORT

Date of Report:

APPROVED ☒

REJECTED ☐

| | | |
|----|---|--|
| 1 | Registration ID | 7139534 |
| 2 | Received for Verification on (Date) | 30.12.2024 |
| 3 | Name of the Applicant | SHILA KISKU |
| 4 | Father's Name | SUNIL KISKU |
| 5 | Name of the Institute In full | NEW INDIA INSTITUTE OF NURSING STUDIES |
| 6 | Course Applied for | General Nursing Midwifery (G.N.M) |
| 7 | Name of the Competent Authority recognizing the Course * | HEALTH DEPARTMENT, GOVT OF BIHAR |
| 8 | Roll No.(If available)/Admission Offer No. | 53 |
| 9 | Name of the University In full | Bihar Nurses Registration Council Patna |
| 10 | University/Institute Recognized by (Name of Regulating Agency) * | BNRC, PATNA, BIHAR |
| 11 | Institute Affiliated since (Date) * | 25-10-2023 |
| 12 | Validity of Affiliation up to (Date) * | 2024-27 |
| 13 | Certificate no. Of Affiliation Provided by the Institute * | 18-05/16412 - INC/1997 Date: 26/10/24 |
| 14 | Full Address & Contact details (Landline/Mobile/Email) of the Institute * | office: niins@gmail.com |
| 15 | Name/Designation/Contact Details of Contact Person of the Institute * | ASHISH KUMAR, SENIOR MANAGER |
| 16 | State and District of the Institute | Bihar Purnia |
| 17 | Category of City In which Institute is situated (A/B/C) | C |
| 18 | Session (YYYY to YYYY) | 2024 to 2027 |
| 19 | Course Start Date | November/2024 |
| 20 | Course End Date | November/2027 |
| 21 | Present Year/Semester of the Applicant * | FIRST YEAR |
| 22 | Fees Charged (Year wise/Semester wise) * | YEAR WISE |
| 23 | Expected Payment Date of the Fees to the Institute * | FEBRUARY |
| 24 | Whether the applicant resides/or intends to reside in the institute's Hostel* | YES |
| 25 | Candidate Admitted in the Institute via | Management Quota <input type="checkbox"/> Entrance Exam <input checked="" type="checkbox"/> or other medium <input type="checkbox"/> |

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 | NEW INDIA DEVELOPMENT SOCIETY | 35590860268 | SBIN0015052 | STATE BANK OF INDIA |
| Hostel fees | | | | MARANQA, PURNIA |
| Mess fees | | | | |
| 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.

For Date 30/12/2024

CERTIFICATE OF TPVA

Principal

I have verified the above mentioned particulars with respect to the applicant and on the basis of the New India Institute of Nursing Studies for sanction of Education Loan by BSEFCL under Bihar Student Credit Card Scheme is RECOMMENDED/NOT RECOMMENDED (Reasons therefor)

Remarks, if any -

Signature of the verifying TPVA Representative

