


জাননী

তাৰিখ : ০৮/১০/২০২৪

ইয়াৰ দ্বাৰা উচ্চতৰ মাধ্যমিক কলা আৰু বিজ্ঞান শাখাৰ ছাত্ৰ-ছাত্ৰীক
তেওঁলোকৰ APAAR Card ৰ বাবে অহা ১৯/১০/২০২৪ তাৰিখ
শনিবাৰে মহাবিদ্যালয়ৰ ১ নং কাৰ্যালয়ৰ পৰা Form সংগ্ৰহ কৰি
২২/১০/২০২৪ তাৰিখ মঙ্গলবাৰৰ ভিতৰত Form জমা দিবলৈ জনোৱা
হ'ল।

বিঃদ্রঃ— ছাত্ৰ-ছাত্ৰী সকলক সম্পূৰ্ণকৈ পূৰণ কৰা প্ৰ-পত্ৰৰ লগতে নিজৰ
আৰু অভিভাৱকৰ Identity Proof Document (Aadhaar/
PAN/EPIC/DL/PP) জমা দিবলৈ জনোৱা হ'ল।

www.dhingcollege.in ৰ ওচৰ ফৰ্মখন DOWNLOAD
কৰি ল'ব পাৰিব।


অধ্যক্ষ, ৪/১০/২০২৪

ধিং মহাবিদ্যালয়, ধিং

Principal
Dhing College
Dhing, Nagaon (Assam)

Draft Copy

CONSENT BY FATHER/MOTHER/LEGAL GUARDIAN OF STUDENT FOR APAAR ID GENERATION

School Name

I, <Consent Provider Name> as the <Natural/Legal Guardian> of <Name of Minor Student> with my Identity Proof as <AADHAAR/PAN/EPIC/DL/PP> and Identity Proof Number <ID Number> voluntarily give my consent to share his/her Aadhaar Number and demographic information issued by UIDAI with Ministry of Education for the sole purpose of creation of APAAR ID and opening of DIGILOCKER account of my child for the following intents and purposes.

I understand that my APAAR ID may be used and shared for limited purposes as may be notified by Ministry of Education from time-to-time for educational and related activities. Further I am also aware that my personal identifiable information (Name, Address, Age, Date of Birth, Gender and Photograph) may be made available to entities engaged in various educational activities such as UDISE+ database, scholarships, maintenance academic records, other stakeholders like Educational Institutions and recruitment agencies.

I authorise Ministry of Education to use my Aadhaar number for performing Aadhaar based authentication with UIDAI as per provision of the Aadhaar (Targeted Delivery of Financial and Other Subsidies, Benefits, and Services) Act, 2016 for the aforesaid purpose. I understand that UIDAI will share my e-KYC details, or response of "Yes" with Ministry of Education upon successful authentication.

I understand that the information shared by me shall be kept Confidential and shall not be divulged to any third party except as may be required by law.

I understand that I can withdraw my consent for all or any of the purposes at any time by and on withdrawal of my consent, the processing of my shared information will stop, however, any personal data already been processed shall remain unaffected on such withdrawal of consent.

Date of Physical Consent: <date>

Place of Physical Consent: <place> (Signature)

.....

I, as Head of the School or any authorized teacher/staff hereby Declare that the Natural/Legal Guardian of <Student Name> as mentioned above has given the Consent for Providing AADHAAR to create APAAR ID, opening of DIGILOCKER Account and Identity Verification in UDISE Plus.

Date..... (Signature)

**CONSENT BY FATHER/MOTHER/LEGAL GUARDIAN
OF STUDENT FOR APAAR ID GENERATION**

School Name

I,..... as the of
..... with my Identity Proof as
.....,..... and Identity Proof Number
..... voluntarily give my consent to share his/her Aadhaar
Number and demographic information issued by UIDAI with Ministry of
Education for the sole purpose of creation of APAAR ID and opening of
DIGILOCKER account of my child for the following intents and purposes.

I understand that my APAAR ID may be used and shared for limited purposes
as may be notified by Ministry of Education from time-to-time for educational
and related activities. Further I am also aware that my personal identifiable
information (Name, Address, Age, Date of Birth, Gender and Photograph) may
be made available to entities engaged in various educational activities such as
UDISE+ database, scholarships, maintenance academic records, other
stakeholders like Educational Institutions and recruitment agencies.

I authorise Ministry of Education to use my Aadhaar number for performing
Aadhaar based authentication with UIDAI as per provision of the Aadhaar
(Targeted Delivery of Financial and Other Subsidies, Benefits, and Services)
Act, 2016 for the aforesaid purpose. I understand that UIDAI will share my e-
KYC details, or response of “Yes” with Ministry of Education upon successful
authentication.

I understand that the information shared by me shall be kept Confidential and
shall not be divulged to any third party except as may be required by law.

I understand that I can withdraw my consent for all or any of the purposes at
any time by and on withdrawal of my consent, the processing of my shared
information will stop, however, any personal data already been processed shall
remain unaffected on such withdrawal of consent.

Date of Physical Consent:

Place of Physical Consent: **(Signature)**

.....

I, as Head of the School or any authorized
teacher/staff hereby Declare that the Natural/Legal Guardian
of as mentioned
above has given the Consent for Providing AADHAAR to create APAAR
ID, opening of DIGILOCKER Account and Identity Verification in
UDISE Plus.

Date.....
(Signature)

Basic Information of Student.

Student Name:

Date Of Birth / /
(D D / M M / Y Y Y Y)

AADHAAR Number :

Name as per AADHAAR:

Consent:

Consent by Father/Mother/Legal Guardian of Student for APAAR ID Generation

I as the father/mother/legal guardian ofwith my Identity Proof as Aadhar/PAN/EPIC/Voter ID/Driving Licence/Passport and Identity Proof Number voluntarily give my consent to share his/her Aadhaar Number and demographic information issued by UIDAI with Ministry of Education for the sole purpose of creation of APAAR ID and opening of DIGILOCKER account of my child for the following intents and purposes.

I understand that my APAAR ID may be used and shared for limited purposes as may be notified by Ministry of Education from time-to-time for educational and related activities. Further I am also aware that my personal identifiable information (Name, Address, Age, Date of Birth, Gender and Photograph) may be made available to entities engaged in various educational activities such as UDISE+ database, scholarships, maintenance academic records, other stakeholders like Educational Institutions and recruitment agencies.

I authorise Ministry of Education to use my Aadhaar number for performing Aadhaar based authentication with UIDAI as per provision of the Aadhaar (Targeted Delivery of Financial and Other Subsidies, Benefits, and Services) Act, 2016 for the aforesaid purpose. I understand that UIDAI will share my e-KYC details, or response of “Yes” with Ministry of Education upon successful authentication.

I understand that the information shared by me shall be kept Confidential and shall not be divulged to any third party except as may be required by law.

I understand that I can withdraw my consent for all or any of the purposes at any time by and on withdrawal of my consent, the processing of my shared information will stop, however, any personal data already been processed shall remain unaffected on such withdrawal of consent.

Place of Physical Consent :.....

Date of Physical Consent:.....

Signature: Father/Mother/Legal Guardian.....