

OFFICE OF THE PRINCIPAL
PRAMATHESH BARUA COLLEGE: GAURIPUR
GAURIPUR, DHUBRI, ASSAM.783331
NAAC ACCREDITED GRADE "B" (CYCLE-II)

No. PBC/Admin/Notice/APAAR ID/2024-2025/

Date:

From: Dr. Kalyan Das, M.A., M.Phil, Ph.D
Principal & Secretary
P.B. College, Gauripur.

NOTICE FOR APAAR ID
DATE: 04-10-2024

It is for information to all the Students of HS 1st and 2nd year (Arts and Commerce) classes of the College that they can download the Parent's/Guardian's Consent giving application form from the college website for creation of their individual APAAR ID for opening of DIGI LOCKER Account and Identity Verification in UDISE Plus.


After duly filling up the form Students must submit the Xerox copy of (1) His/her own AADHAAR Card (2) Fathers' AADHAAR Card to the office of the undersigned within 07-10-2024.

Sd/-
(Dr. Kalyan Das)
Principal
P.B. College, Gauripur

Memo No. PBC/Admin/Notice/APAAR ID/2024-2025/586(A-F) Date: 04/10/2024

Copy forwarded for information to:

1. Academic in-charge, P.B. College, Gauripur
2. Co-ordinator, IQAC, P.B. College, Gauripur
3. Head Assistant, P.B. College, Gauripur
4. College website
5. Notice Board
6. Guard File


Principal
P.B. College, Gauripur

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

College Name _____

I, _____ as the Natural/Legal Guardian of _____ with my Identity Proof as AADHAAR/PAN/EPIC/DL/PP 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)

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I, _____ as Head of the College 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)