BISHOP JOHNSON SCHOOL & COLLEGE

UDISE CODE:09454104359 **UDISE PROFILE FORM**

(Note: All fields are mandatory to be filled by parent)

1. STUDENT NAME: _____
2. BILL BOOK/ADMISSION NUMBER _____
3. CLASS _____ SECTION _____
4. PEN NUMBER [*IF ALREADY ALOTTED OTHERWISE WRITE N.A.*] _____
5. RELIGION _____ SOCIAL CATEGORY [*GEN / ST / SC / OBC*] _____
6. MINORITY GROUP [*MUSLIM/CHRISTIAN/SIKH/BUDDHIST/PARSI JAIN/NA*] _____
7. AADHAAR NUMBER OF STUDENT _____
8. NAME OF STUDENT AS PER IN AADHAAR CARD _____
9. BLOOD GROUP OF STUDENT [*IF NOT KNOWN KINDLY GET IT TESTED*] _____
10. FATHER'S NAME _____
11. MOTHER'S NAME _____
12. FATHER'S CONTACT NUMBER _____
13. MOTHER'S CONTACT NUMBER _____
14. EMAIL ID OF PARENT _____
15. ADDRESS
    [Also mention PINCODE] _____
16. PROFESSION OF FATHER _____
17. PROFESSION OF MOTHER _____

I HEREBY DECLARE THAT THE INFORMATION PROVIDED IS TRUE AND CORRECT.

NAME & SIGNATURE _____

NOTE: KINDLY ATTACH THE AADHAAR CARD PHOTOCOPY OF THE STUDENT ALONG WITH THIS FORM

Student's Name :…….

Class : ……. Sec. :……. Roll No. : …….

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

I……..……..……..…… as the **Father / Mother** of (Student name)……..…….. with my Identity Proof as **Aadhaar Card /PAN / Driving Licence / Passport and Identity Proof Number** ……..……..……. voluntarily give my consent to share 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)**

Consent by Head of the School

I…….. as Head of the School or any authorized teacher/staff hereby Declare that the Father/Mother/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)

Note : Kindly attach the Aadhaar Card photocopy of both the parents and the student.