

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

**Institute Name: J. P. Institute of Technology, Biyabani, Bihar Sharif, Nalanda**

I, <.....> as the <.....> of  
Consent Provider Name Natural/Legal Guardian  
<.....> with my Identity Proof as <.....> and Identity  
Name of Minor Student AADHAAR/PAN/EPIC/DL/PP  
Proof Number <.....> voluntarily give my consent to share his/her Aadhaar Number  
ID 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 Institution or any authorized teacher/staff hereby Declare  
that the Natural/Legal Guardian of <.....> as mentioned above has given the  
Student Name  
Consent for Providing AADHAAR to create APAAR ID, opening of DIGILOCKER Account and Identity  
Verification in UDISE Plus.

Date..... (Signature & Stamp)