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

School Name :				
I				
AADHAAR/PAN/EPIC/DL/PP and voluntarily give my consent to share information issued by UIDAI with Marketion of APAAR ID and opening of following intents and purposes.	Identity Proof Numbe his/her Aadhaar Num Iinistry of Education fo	r iber and do or the sole	emograp purpos	ohic e of
I understand that my APAAR ID meas may be notified by Ministry of E and related activities. Further I and information (Name, Address, Age, I be made available to entities engage UDISE+ database, scholarships, stakeholders like Educational Institute.	Education from time-ton also aware that my Date of Birth, Gender and the din various education maintenance acade	e-time for or personal and Photo nal activitemic reco	education identifia graph) ries such other other transfer of the such other transfer of the such ords,	onal able may n as
I authorise Ministry of Education to Aadhaar based authentication with (Targeted Delivery of Financial and Capacity for the aforesaid purpose. I udetails, or response of "Yes" with authentication.	h UIDAI as per provi Other Subsidies, Benef Inderstand that UIDAI	sion of th its, and Se will share	ne Aadh ervices) e my e-F	aar Act, XYC
I understand that the information s shall not be divulgedto any third pa	· ·	_		and
I understand that I can withdraw rany time by and on withdrawal of information will stop, however, any remain unaffected on such withdray	my consent, the proc personal data already	cessing of	my sha	ared
Date of Physical Consent :	•••••	•••••	••••	
Place of Physical Consent:	(Signa	·		
I, as I teacher/staff hereby Declare that as for Providing AADHAAR to crea	Head of the School the Natural/Legal Gu mentioned above ha	or any ardian of- s given th	authori ne Cons	ized sent
Account and Identity Verification is Date			••••••	••••
		(Signature	e)	