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

School Name :	
I,	
,voluntarily	
his / her Aadhaar Numberinformation issued by UIDAI with Ministry of Education of APAAR ID and opening of DIGILOCKE following intents and purposes.	and demographic cation for the sole purpose of
I understand that my APAAR ID may be used and as may be notified by Ministry of Education from and related activities. Further I am also aware to information (Name, Address, Age, Date of Birth, Obe made available to entities engaged in various of UDISE+ database, scholarships, maintenance stakeholders like Educational Institutions and recreated	time-to-time for educational that my personal identifiable Gender and Photograph) may educational activities such as academic records, other
I authorise Ministry of Education to use my Aad Aadhaar based authentication with UIDAI as per (Targeted Delivery of Financial and Other Subsidies 2016 for the aforesaid purpose. I understand that details, or response of "Yes" with Ministry of authentication.	er provision of the Aadhaar es, Benefits, and Services)Act, t UIDAI will share my e- KYC
I understand that the information shared by me s shall not be divulged to any third party except as n	-
I understand that I can withdraw my consent for all time by and on withdrawal of my consent, the process will stop, however, any personal data already by unaffected on such withdrawal of consent.	ssing of my shared information
Date of Physical Consent:	
Place of Physical Consent : Belgaum	(Signature)
I, as Head of the School or any authorized teacher/staff hereby Declare that the Natural/Legal Guardian ofas mentioned above has given the	
Consent for Providing AADHAAR to create APAAR Account and Identity Verification in UDISE Plus.	_
Date	(Signature)