Consent by Fatl Generation	her/Mother/Legal Gua	ardian of S	tudent for	APAAR I	D
	as the		of		
	as				
	_ voluntarily give my	y consent	/don't giv	e my c	onsent to
share his/her	Aadhaar Number and	demogra	phic infor	mation i	issued by
UIDAI with Min	istry of Education for	the sole p	urpose of a	creation	of APAAR
ID and opening	of DIGILOCKER accou	ant of my c	hild for the	e followi	ng intents
and purposes.					
I understand th	at my APAAR ID may b	e used and	l shared fo	r limited	purposes
as may be notifi	ed by Ministry of Educ	ation from	time-to-ti	ne for ed	lucational
and related acti	vities. Further I am al	so aware t	hat my pe	rsonal id	dentifiable
information (Na	me, Address, Age, Date	e of Birth, (Gender and	l Photog	raph) may
be made availal	ole to entities engaged	in various	s education	nal activ	ities such
as UDISE+ dat	tabase, scholarships,	maintena	nce acade	mic reco	ords, and
other stakehold	ers like Educational Ir	nstitutions	and recru	itment a	gencies.
I authorise Min	istry of Education to u	se my Aad	haar num	per for p	erforming
Aadhaar based	authentication with U	JIDAI as p	er provisio	n of the	e Aadhaar
(Targeted Delive	ery of Financial and O	ther Subsi	dies, Bene	fits, and	l Services)
Act, 2016 for th	ne aforesaid purpose. I	l understa	nd that UI	DAI will	share my
e-KYC details,	or response of "Yes	s" with M	inistry of	Educat	ion upon
successful auth	entication.				
I understand th	nat the information sh	ared by m	e shall be	kept Co	onfidential
and shall not b	e divulged to any thir	d party ex	cept as m	ay be re	equired by
law.					
I understand th	at I can withdraw my	consent fo	or all or an	y of the	purposes
at any time by a	nd on withdrawal of m	y consent,	the proces	ssing of r	my shared
information wil	l stop, however, any p	personal d	ata alread	y been	processed
shall remain un	affected on such with	drawal of c	onsent.		
Division					
Place:			Signatu	re:	