

Office of the Principal

**DUDHNOI COLLEGE**

(NAAC ACCREDITED A GRADE COLLEGE)

Dudhnoi, Goalpara, Assam-783124

*Dr. Lalit Chandra Rabha, M.A., Ph. D.*  
**Principal & Secretary**



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Ref .....

D.07-10-2024.....

## NOTICE

It is hereby informed to all the Students of H.S. 1<sup>st</sup> Year & H.S. 2<sup>nd</sup> (Arts, Science & Commerce) of Dudhnoi College, Dudhnoi, are asked to submit the copy of Aadhar Card along with consent letter of their parents within 8<sup>th</sup> October-2024 positively.

Students are hereby asked to collect the consent letter from College office.

(Dr Lalit Chandra Rabha)  
Principal  
Dudhnoi College, Dudhnoi  
**Principal & Secretary**  
Dudhnoi College

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

I.....(Father/Mother Name) as the  
.....of.....(Name of Student)  
with my Identity Proof as ..... and Identity Proof Number  
..... voluntarily give my consent to share his/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.

Place of Physical Consent ..... Date of Physical Consent .....

## 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 **ABHINASH BRAHMA** as mentioned above  
has given the Consent for Providing AADHAAR to create APAAR ID, opening of DIGILOCKER Account  
and Identity Verification in UDISE Plus.