



DAV PUBLIC SCHOOL

CHANDRASEKHARPUR, SAILASHREE VIHAR, BHUBANESWAR

(Affiliated to C.B.S.E., New Delhi, Affiliation No. 1530044, School No.-15329)

NOTICE

No. DAV(CSP)/ 4320

/2024

Date 06.12.2024

Dear Parents
Greetings of the Day!

This is to inform you that pursuant to the instructions of the Ministry of Education, Govt. of India, the State Project Director, Odisha School Education Programme Authority (OSEPA) vide letter No.10891 dated 11.11.2024 has requested to invite consent from the parents for APAAR (Automated Permanent Academic Account Registry) of the students of all classes.

- Every student enrolled in school across India will be assigned a unique, lifelong 12-digit APAAR ID to track their academic progress.
- Each student's APAAR ID is linked to DigiLocker, a digital storage platform where students can store important educational documents such as exam results, report cards and extracurricular achievements.
- When a student changes schools or relocates to a different district or state, APAAR ensures the seamless transfer of their academic records.
- Aadhar information is essential for registration of the students for APAAR ID.

Under the circumstances, you are requested to give your consent in the proforma given overleaf for APAAR registration of your ward. The consent letter along with photocopy of Aadhar card of the child should reach the concerned class teacher **on or before 10.12.2024** enabling us to forward the same to the Block Education Officer for necessary course of action in the matter. Parents already submitted their consent in respect of their wards reading in class IX to XII need not required to submit the consent again.

Thank you.

Yours sincerely


PRINCIPAL

Copy to:

1. The School Notice Board/School Website for information of all concerned.
2. The Supervisors concerned with a request to share the notice to the students through respective Whats App number.
3. The reception desk of the school for information & necessary action.

MANAGED BY - DAV COLLEGE MANAGING COMMITTEE, CHITRA GUPTA ROAD, DELHI

At- Chandrasekharpur, Sailashree Vihar, Bhubaneswar- 751021 (Odisha)

Phone No. : 0674-2740651, 2740551, Email: davcspur@gmail.com, Website: www.davcsp.org

DAV PUBLIC SCHOOL,

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

I.....as the **<Natural/Legal Guardian>**
of.....with my Identity Proof as
<AADHAAR/PAN/EPIC/DL/PP> 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.

Date of Physical Consent: <.....>

Place of Physical Consent: <.....> **(Signature)**

.....
I, as Head of the School or any authorized
teacher/staff hereby Declare that the Natural/Legal Guardian of
..... as mentioned above has given the Consent
for Providing AADHAAR to create APAAR ID, opening of DIGILOCKER Account and
Identity Verification in UDISE Plus.

Date.....
.....
(Signature)