



# DAV PUBLIC SCHOOL

KALINGA NAGAR, GHATIKIA, BHUBANESWAR - 751029

(Affiliated to C.B.S.E., New Delhi, Affiliation No. 1530121, School No. 15321) U-DISE Code : 21170511377

Ref.No.DAV (KN)1418 /2024.

Date: 01.10.24.

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.9075 dated 21.09.2024 has invited consent from the parents for APAAR (Automated Permanent Academic Account Registry) of the students of class IX to XII.

- 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 **05.10.2024 (Saturday)** enabling us to forward the same to the Block Education Officer for necessary course of action in the matter.

Thank you.

Yours sincerely

*Be Prasad*  
PRINCIPAL 1/10/2024

PRINCIPAL  
D.A.V Public School  
Kalinga Nagar  
Bhubaneswar-29  
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 WhatsApp number.
3. The reception desk of the school for information & necessary action.

N.B.- You can take a print out of Consent Form at your end or you can collect the hardcopy from the Class Teacher.

**MANAGED BY: DAV COLLEGE MANAGING COMMITTEE, CHITRA GUPTA ROAD, DELHI**

Address: Kalinga Nagar, Post: Ghatikia, Bhubaneswar - 751029 (Odisha)

Phone No.: 0674-2386185, Fax: 0674-2386335, Email: davkng09@gmail.com, Website: www.davkng.org.in

**DAV PUBLIC SCHOOL, KALINGA NAGAR, BHUBANESWAR**

**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)**

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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)