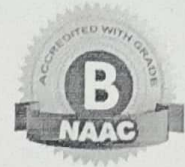




OFFICE OF THE PRINCIPAL  
**CACHAR COLLEGE**

REACCREDITED BY NAAC WITH "B" GRADE  
TRUNK ROAD, SILCHAR-788001 (ASSAM)  
ESTD: 1960



AFFILIATED TO: ASSAM UNIVERSITY, SILCHAR

Phone: 03842-246953 (Office)  
03842-247077 (Principal)  
Fax: 03842-261842

URL: <http://www.cacharcollege.ac.in>  
E-mail: [cacharcollege60@gmail.com](mailto:cacharcollege60@gmail.com)

NOTICE

Date : 08.11.2024

This is for the information of all concerned students of H.S. 1<sup>st</sup> year & H.S. 2<sup>nd</sup> year (Arts, Science & Commerce) that OFFICE OF THE MISSION DIRECTOR (SAMAGRA SHIKSHA), Assam has launched APAAR ID (Automated Permanent Academic Account Registry) " One Nation One Id Programme. For all those students who have not submitted yet, APAAR ID CONSENT FORM AND ID PROOF. ADHAAR DETAILS SHOULD BE GIVEN FOR BOTH STUDENTS AND PARENTS for registration. They are hereby instructed to fill up the consent letter (Provided in the students group and website also) and bring signature of parents/ Guardian alongwith their id proofs. The consent letter must be submitted to the office on 09.11.2024 to 16.11.2024.

Those students who have already submitted Adhaar card of their parents are hereby requested to submit their individual Adhaar card.

(Dr. Bibhas Deb)

Principal i/c

Cachar College, Silchar  
Principal-in-charge  
Cachar College, Silchar-1

Copy to:

- 1.Asstt. Prof. Sri Duhuidi Terrang (Nodel officer)
2. Head Assistant for information
3. Web Administrator
4. Office file.



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

**School Name** .....

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 <Student Name> 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)