



Sachdeva Public School

Sector 13, Rohini, Delhi 110085

Friday November 8, 2024

Submission of Consent Form for APAAR ID

Dear Parents

Greetings of the Day

Please go through the DOE circular number DE.23(399/Sch.Br./2023/869) dated 12.10.23 and Ministry of Education D.O Letter no. 1-27/2023-DIGED-Part(I) 23-4/2023-Stats dated 02.09.2024 from Secretary, Department of School Education and Literacy, Ministry of Education, Government of India regarding creation of Automated Permanent Academics Accounts Registry (APAAR ID) for students available on the links below:

1. DOE Circular - Regarding Creation of Automated Permanent Academic Account Registry (APAAR) IDs for Students: https://drive.google.com/file/d/1ShucY7uLQ-GuB98DVmSf8I6A8QHmg98N/view?usp=drive_link
2. Ministry of Education D.O Letter: https://drive.google.com/file/d/1EU3IOqLUNGeOtGZD-1S-2ghjedhal1gZ/view?usp=drive_link
3. Understanding the APAAR Identification System- https://drive.google.com/file/d/17Ikh9UMGR-0oNntGJG0Lm1pWu3R5n4SY/view?usp=drive_link

As detailed in the above circulars, the Ministry of Education will generate a unique APAAR ID based on Aadhar Number of each student for which separate consent of parents is required.

In this connection, please fill up the enclosed Consent Form (Annexure I) and submit the same through your ward to his/ her class teacher latest by Friday, 22 November 2024.

Looking forward to your cooperation in this regard.

With warm regards

PRINCIPAL

CONSENT BY FATHER/MOTHER/ LEGAL GUARDIAN
OF STUDENT FOR APAAR ID GENERATION
SACHDEVA PUBLIC SCHOOL, SECTOR 13, ROHINI

I _____ (Consent provider Name) as the _____ (Natural / Legal Guardian) of _____ (Name of the Minor Student) with my Identity Proof as _____ (AADHAR/PAN/EPIC/DL/PP) and Identity proof Number _____ (ID Number) (**Attach photocopy**) 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-KYV details, or response of "Yes" with Ministry of Education upon successful authentication.

I understand that the information shared by me shall be kept as Confidential Information 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 : _____ (date) _____
Place of Physical Consent : _____ (place) _____ (Signature)

(FOR OFFICE USE ONLY)

I, _____ as authorized teacher hereby declare that the Natural / Legal Guardian of _____ (student name) as mentioned above has given consent for providing AADHAAR to create APAAR ID, opening of DIGILOCKER Account and Identity Verification in UDISE Plus.

Date : _____

(Signature)