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

**Pandit Deendayal Upadhayay Shekhawati University**

I,……**<Consent Provider Name>**as the **……<Natural/Legal Guardian>**of……**<Name of Minor Student>**with my Identity Proof as…… **<AADHAAR/PAN/EPIC/DL/PP>**and Identity Proof Number…… **<ID 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 divulgedto any third party except as may be required by law.

I understand that I can withdraw my consent forall 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)**

**……**

**Verification by College**

I, …… as Head of the College 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 with seal)