



# DAY PUBLIC SCHOOL

POKHARIPUT, BHUBANESWAR, ODISHA

(AFFILIATED TO CBSE, NEW DELHI, AFFILIATION NO.- 1530065,  
SCHOOL NO.-15337, U-DISE CODE-21171303272)

Ref. DAVPKT/ 1747 / 2025

Date : 03.09.2025

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 the consent from the parents for APAAR (Automated Permanent Academic Account Registry) has invited for the students of class Nursery-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 **10.09.2025** enabling us to take necessary course of action in this regard. In case, the APAAR ID of your ward has already been generated, please submit the same before the concerned Class teacher within the above time limit.

Thank you.

Yours sincerely

  
**PRINCIPAL**  
D.A.V. Public School  
Pokhariput Bhubaneswar-20  
Copy No.  
School No: 15337  
Affiliation No: 1530065

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 parents of newly admitted students through the class teachers.
3. The reception desk of the school for information & necessary action.

  
**PRINCIPAL**  
D.A.V. Public School  
Pokhariput, Bhubaneswar-20  
School No. 15337

## **DAV PUBLIC SCHOOL, POKHARIPUT, BHUBANESWAR-20**

### **Consent by Father/Mother/Legal Guardian of Student for APAAR ID Generation**

I \_\_\_\_\_ as the Natural/Legal Guardian of \_\_\_\_\_ with my parents Identity Proof Number as **AADHAR/PAN/EPIC/DL/PP** voluntary 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)

### **Consent by Head of the School**

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)