

**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 **Name & 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: **<date>**

Place of Physical Consent: **<place>** **(Signature)**

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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)