NOTICE

Date : 26-06-2026

As per the letter received from the **Executive Director, Samagra Shiksha, Kahilipara, Guwahati–19, Assam**, vide **Letter No. E-549023/I/1614498/2026 dated 23-06-2026**, the following H. S. 2nd Year students are hereby directed to **urgently submit a photocopy of their Aadhaar Card** for completion of their official records.

Students are also required to submit the **duly signed Consent Letter (Annexure–1)** from their parent/guardian along with **any one** of the following identity proofs of the parent/guardian:

- Aadhaar Card
- PAN Card
- EPIC/Voter ID Card
- Driving Licence

The documents must be submitted at **Counter No. 02** between **11:30 a.m. and 2:30 p.m.** on or before the stipulated date.

Last Date of Submission: 29/06/2026

List of Students

1. BARSHA RABIDAS
2. BISWAJIT GOALA
3. JOYDEEP ROY
4. L. NONGDAMBA SINGHA
5. MANDEEP MISHRA
6. MOM DAS
7. ROHIT ROY
8. MUMIN MUSTAFA KAMAL LASKAR
9. OM CHETRI
10. PIYUSH KR. SINGH
11. SHARMISTA BHATTACHARJEE
12. TIASHA DEBROY
13. TILSON REANG
14. SUBROTA DEY

All concerned students must submit the required documents **positively on or before 29/06/2026**. Failure to submit the documents within the stipulated time may cause inconvenience in the processing of university-related and other official matters.

(Dr.AbhijitNath)
Academic Registrar
Gurucharan University, Silchar

Annexure-1

PARENTAL CONSENT / REFUSAL FORM FOR APAAR ID GENERATION

(To be filled by the Father/Mother/Legal Guardian)

Name of Student: _____ Class/Section: _____

School Name: _____

I, _____ (Name of Parent/Guardian), bearing Identity Proof (Aadhaar/PAN/Voter ID/DL) No. _____, am the Natural/Legal Guardian of the student mentioned above.

I have been informed about the Automated Permanent Academic Account Registry (APAAR) initiative. I understand that APAAR is a voluntary facility for maintaining a lifelong digital academic record and accessing DigiLocker services.

PLEASE SELECT ONE OPTION BELOW (MANDATORY):

[ ] OPTION A: I CONSENT

I voluntarily give my consent to share my ward's Aadhaar Number/Alternate Govt. Issued PIC with the identity proof number _____, with the Ministry of Education for the sole purpose of creating an APAAR ID and opening a DigiLocker account.

I authorize the Ministry of Education to use the Aadhaar number (if provided above) of my ward for authentication with UIDAI. I understand that the Aadhaar number will be masked and kept confidential.

Optional: Additional Consent for Third-Party Services (Tick if you agree):

[ ] I also consent to my ward's academic data being used for direct benefit services like Scholarship Portals and value-added services such as Talent/Skill Identification Agencies (Recruitment).

[ ] OPTION B: I DO NOT CONSENT (OPT-OUT)

I do not wish to generate an APAAR ID for my ward at this time. I understand that refusing APAAR ID will not affect my ward's admission, promotion, or access to government benefits.

Declaration by Parent/Guardian:

I understand that I can withdraw or modify my consent at any time in the future by submitting a request to the school or by contacting the following email address _____*_____ (Data Protection Officer).

Date: _____

Place: _____ _____

(Signature of Parent/Guardian)

FOR SCHOOL USE ONLY

Status of Consent in UDISE+ Database:
[ ] CONSENT GIVEN (Proceed to Generate ID)
[ ] CONSENT REFUSED (Mark as 'Denied' in System - Do Not Process)

(Signature of Principal/Head Master)

*EMAIL ID : apaarsupport@ciet.nic.in