

Cir. No.23/Apaar/2024-25

16-10-2024

Dear Parent,

In reference to guidelines issued by UIDAI, you are requested to give your consent for creation of APAARID & opening of DIGILOCKER for your child. It is a mandatory requirement today

**Shikha Gupta
(Principal)**

**Subject: Consent by Father/Mother Legal Guardian of Student for
Apaar ID Generation**

Ward's Name: _____ Class & Sec: _____

Father's Name/Mother's Name/Guardian Name(any one) _____

AADHAR NO of Father/Mother/Guardian(anyone) _____
(10 digit check carefully)

I voluntarily give my consent to share his/her Aadhar 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 am submitting here with copy of my Aadhar Card also.

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.

(Signature of the Parent)

Name of the Parent _____ Mobile No. _____

I as Head of the School or any authorized teacher/staff hereby Declare that the Father/Mother /Legal Guardian of **AADITYA** as mentioned above has given the Consent for Providing AADHAAR to create APAAR ID, opening of DIGILOCKER Account and Identity Verification in UDISE Plus.

Dear Parents,

We are pleased to inform you about an important initiative taken by the Ministry of Education (MoE) to streamline and enhance the educational experience of our students through the creation of Automated Permanent Academic Account Registry (APAAR) IDs. **The introduction of APAAR IDs is a significant step towards achieving the vision of "One Nation, One Student ID."** These unique IDs will serve as a gateway to connect students with the Digital Locker ecosystem, allowing them to securely store and manage their educational achievements and records digitally. This advancement is expected to simplify record-keeping and ensure that vital academic documents are easily accessible for future reference. **The generation of these APAAR IDs will be managed by the Ministry of Education (MoE) to maintain the integrity and security of the system.** Rest assured that the confidentiality and privacy of your child's data will be a top priority in this process. This development has been outlined in the recent Department of Education (DoE) circular No. DE 23(399)/Sch.Br./2023/869, which emphasizes the need for parents to provide their consent for linking their child's Aadhar number to this initiative. To gain a better understanding of this initiative, we have enclosed a copy of the DoE circular, which provides further details about the APAAR ID creation and the associated benefits. We request you to review the enclosed circular and complete the consent form to grant permission for linking your child's Aadhar number. **You are request to fill the consent form attached herewith and submit it to the class teacher by 27th October 2023 (Friday).**

Warm regards

(Shikha Gupta)
Principal