

# Cambribridge Foundation School

Rajouri Garden Extn., New Delhi - 110027
Ph.: 011-41001112, 1113, 1114 Mob.: 9599385666, 6667
Website: https://www.cambridgefoundationschool.com
Email: info@cambridgefoundationschool.in
principal@cambridgefoundationschool.in
accounts@cambridgefoundationschool.in

Date: 13<sup>th</sup> October 2023

## Dear Parent,

The Department of School Education & Literacy, Ministry of Education, Govt. of India has consented to the generation of **APAAR ID (Automated Academic Account Registry ID)** based on your ward's Aadhaar Card Number under NEP 2020. The APAAR ID for students, parents and school will facilitate the following:

- APAAR ID will be unique in nature and will work as One Nation, One Student ID, giving an identity to students across the country and for all uses and purposes, and will be easy for transfer of students from one school to another, state etc.
- It will empower students with their own unique ID.
- This ID will be lifelong and help in accessing the educational resources too.
- APAAR IDs will be useful for tracking educational progress and achievements of students.
- APAAR IDs will be useful for monitoring dropout students and assist in mainstreaming them.
- APAAR ID will be the gateway for accessing the Digilocker ecosystem which will digitally store all achievements of a student such as exam results, holistic report card, health card, learning outcomes besides other achievements like Olympiads, Sports, Skill training etc.
- Students will be able to use the credit score for their higher education or employment in future.
- APAAR IDs will also be used for Entrance tests conducted by NTA, admissions, Scholarship disbursement, transfer of government benefits, issue of awards, recognition etc., for students, teachers and other users.

In order to generate the APAAR ID of your ward you are required to print and fill in the Consent Form (Annexure I) given on the following page, and submit the hardcopy to your ward's Class Teacher during the PTM on Saturday, 14<sup>th</sup> October 2023.

Regards

Principal

Cambridge Foundation School



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### **ANNEXURE I**

## **CONSENT FORM FOR APAAR ID** (PLEASE FILL IN CAPITAL LETTERS ONLY) **FOR MINOR STUDENTS**

I,,
R/o in the
capacity of Father / Mother / Guardian of of
Class Section, Admission No voluntarily give my
consent to share his / her Aadhaar Number
and demographic information issued by UIDAI with the Ministry of Education for the sole
purpose of creation of APAAR ID and for the following intents and purposes:
I understand that my ward's APAAR ID may be used and shared for limited purposes as may be notified by the Ministry of Education from time-to-time for education and related activities. Further I am also aware that my ward's 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, academic record maintenance, and other stakeholder like Educational Institutions and recruitment agencies.
I authorize the Ministry of Education to use my ward's Aadhaar number for performing Aadhaar based authentication with UIDAI as per provisions 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 ward's <i>e-KYV</i> details, or response of <i>"Yes"</i> with the Ministry of Education upon successful authentication.
I understand that the information of my ward shared by me through consent shall be kept as Confidential Information and the secrecy of the same shall be maintained and this information shall not be divulged at any time to any third party except as may be compelled by any Court or agency of competent jurisdiction, or as otherwise required by law and shall also ensure that the same is not disclosed to any person voluntarily, accidently or by mistake.
I understand that I can withdraw my consent of my ward to all or any of the purposes at any time and on withdrawal of my consent, the processing of my shared information will stop. However, any personal data that has already been processed shall remain unaffected on such withdrawal of consent.
Name (Father/Mother/Guardian) Signatures
Mobile No
Date:/ October /2023

Please attach a copy of your ward's Aadhaar Card to this Form



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## **ANNEXURE I**

## **CONSENT FORM FOR APAAR ID** (PLEASE FILL IN CAPITAL LETTERS ONLY) For Students of 18 yrs. Or Above

I, S/o
R/o c
Class Section, Admission No voluntarily give m
consent to share my Aadhaar Number
and demographic information issued by UIDAI with the Ministry of Education for the sol
purpose of creation of APAAR ID and 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 the Ministry of Education from time-to-time for education 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 variou educational activities such as UDISE+ database, scholarships, academic record maintenance and other stakeholder like Educational Institutions and recruitment agencies.
I authorize the Ministry of Education to use my Aadhaar number for performing Aadhaa based authentication with UIDAI as per provisions of the Aadhaar (Targeted Delivery of Financial and Other Subsidies, Benefits and Services) Act, 2016 for the aforesaid purpose. understand that UIDAI will share my <i>e-KYV</i> details, or response of "Yes" with the Ministry of Education upon successful authentication.
I understand that the information shared by me through consent shall be kept a Confidential Information and the secrecy of the same shall be maintained and thi information shall not be divulged at any time to any third party except as may be compelled by any Court or agency of competent jurisdiction, or as otherwise required by law and sha also ensure that the same is not disclosed to any person voluntarily, accidently or b mistake.
I understand that I can withdraw my consent of to all or any of the purposes at any time and on withdrawal of my consent, the processing of my shared information will stop. However any personal data that has already been processed shall remain unaffected on such withdrawal of consent.
Name Signatures Mobile No
Countersigned by Father / Mother / Guardian
Name (Father/Mother/Guardian) Signatures
Mobile No
Date:/ October /2023

Please attach a copy of your ward's Aadhaar Card to this Form