



## 12. Educational Qualification Details

Sr. No	Name of Course	Name & Address of Institute	Period of Study	Year of Passing	Percentage	University / Board / Council

## 13. Mode of Education

Regular  Distance  Online

## 14. Professional Experience Details

Sr. No	Name of Hospital / Institute	Period of Work	Total Experience	Name & Address of Head of Institution with Contact

Note: Experience certificates must be duly signed and stamped by the competent authority.

## 15. Fee Payment Details

Registration Renewal Fee Amount: \_\_\_\_\_

Transaction Reference Number / UTR Number: \_\_\_\_\_

Bank Name and Branch: \_\_\_\_\_

Date of Payment:

Note: Registration renewal will be processed only after successful verification of documents and fee confirmation. Fees once paid are non-refundable.

## 16. Photograph

Paste recent passport size photograph here. Photograph should be clear and duly attested.

\* Attach Documents (Mandatory):

- Aadhaar Card copy
- Registration Certificate to be renewed
- Course Pass Certificate / Final Qualification Certificate

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### DECLARATION

I, \_\_\_\_\_, hereby declare that the information furnished above is true and correct to the best of my knowledge and belief. I have carefully read and understood all rules, regulations, and guidelines of the National Institute of Health Science & Research. I confirm that this registration is meant only for academic and self-employment purposes and does not guarantee any government or semi government employment. I understand that any false, misleading, or incomplete information may lead to cancellation of my registration without any claim for refund. I also agree that once the fee is paid, it shall not be refunded or adjusted under any circumstances. I accept that any dispute arising shall be subject to the jurisdiction of Ludhiana, Punjab.

Place: \_\_\_\_\_

Date:

Signature of Applicant: \_\_\_\_\_

Name of Applicant: \_\_\_\_\_

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### Instructions

1. Registration renewal will not be granted if the qualification has been obtained from an institute not approved by NIHSR.
2. Incomplete or unsigned forms will be rejected.

3. Processing time for registration renewal is approximately 15 to 30 working days after receipt of complete documents.
  4. Applicants must keep a copy of the filled form and payment receipt for their records.
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### **Bank Details for Fee Payment**

Account Name: National Institute of Health Science & Research

Account Type: Current Account

Account Number: 2057002100109335

Bank Name: Punjab National Bank (PNB)

Branch: Feroze Gandhi Market

IFSC Code: PUNB0205700

