



NATIONAL INSTITUTE OF HEALTH SCIENCE & RESEARCH (NIHSR)

UNDERTAKING / AFFIDAVIT FORM

(For Distance Mode, Rules Acceptance and Fee Non Refundable Clause)

1. Student Details

- Student Name (Block Letters): _____
- Father / Husband Name: _____
- Date of Birth (DD/MM/YYYY): _____
- Mobile Number: _____
- Email ID: _____
- Address: _____

2. Course & Enrollment Details

- Course Name: _____
- Mode of Study: _____
- Duration of Course: _____
- Academic Session: _____
- Enrollment Number (If allotted): _____
- Study Center Name & Code: _____

3. Undertaking by the Student

I, the undersigned student, do hereby solemnly affirm and declare that I have taken admission in the above mentioned course under **Distance Education Mode** offered by the National Institute of Health Science & Research (NIHSR) with full knowledge and understanding.

I clearly understand and accept that

1. Distance education requires self study and personal responsibility for completion of syllabus and assignments.
2. NIHSR is an autonomous institute providing vocational and skill based education.

3. The course pursued by me is intended for self employment, skill enhancement and private professional use only.
 4. The course is not a government degree and is not meant for central or state government employment.
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4. Examination, Study & Contact Rules

I further undertake that

- I shall follow all examination rules, assignment submission schedules and academic instructions issued by NIHSR from time to time.
 - Practical training, if applicable, shall be arranged by me as per NIHSR norms.
 - I shall regularly check the NIHSR website, notice board or official communication channels for updates.
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5. Fee and Refund Clause

I hereby clearly understand and accept that

- All fees paid by me including admission, registration, examination, practical, certificate or any other charges are **non refundable and non adjustable** under any circumstances.
 - Fee once paid shall not be transferred to another student, course or session.
 - Discontinuation, absence, non appearance in examination or cancellation of admission by me shall not entitle me to any refund.
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6. Declaration of Truth

I declare that all the information provided by me is true and correct to the best of my knowledge. In case of any false information, NIHSR shall have full right to cancel my admission or result without any claim for refund or legal objection.

7. Signature

- Student Signature: _____
 - Date: _____
 - Place: _____
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8. Study Center Verification

Certified that the above undertaking has been explained to the student in a language understood by him or her.

- Authorized Signatory Name: _____
 - Designation: _____
 - Signature & Seal of Study Center: _____
 - Date: _____
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9. For Office Use Only (NIHSR)

- Received On: _____
- Verified By: _____
- Remarks: _____

Signature of Academic / Administration Department

Important Note

This undertaking is compulsory for all students enrolled under distance education mode and shall be part of the permanent academic record.

NIHSR – Academic & Administration Department

Website: www.nihsr.com

Helpline: 78726-78726

