



# NATIONAL INSTITUTE OF HEALTH SCIENCE & RESEARCH (NIHSR)

## AFFILIATION SURRENDER / CLOSURE REQUEST FORM

(For Voluntary Surrender or Permanent Closure of Study Center Affiliation)

### 1. Study Center Details

- Name of Study Center: \_\_\_\_\_
- Affiliation Code: \_\_\_\_\_
- Complete Address: \_\_\_\_\_
- District / State / PIN: \_\_\_\_\_
- Contact Number: \_\_\_\_\_
- Official Email ID: \_\_\_\_\_

### 2. Authorized Representative Details

- Name of Owner / Director / Authorized Person: \_\_\_\_\_
- Designation: \_\_\_\_\_
- Mobile Number: \_\_\_\_\_
- ID Proof Attached:  Yes  No

### 3. Nature of Request

Please tick the applicable option

- Voluntary Surrender of Affiliation
- Permanent Closure of Study Center

Proposed Effective Date (DD/MM/YYYY): \_\_\_\_\_

#### 4. Reason for Surrender / Closure

(Please provide clear and detailed reasons)

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#### 5. Student Status Declaration

I hereby declare that

- No new admissions shall be taken from the date of submission of this form.
  - Complete list of currently enrolled students has been submitted to NIHSR.
  - All academic records, internal assessments and student data have been handed over or uploaded as instructed.
  - No student interest shall be adversely affected due to surrender or closure.
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#### 6. Financial & Administrative Clearance

I confirm that

- All dues payable to NIHSR have been cleared.
  - Institute property, records, certificates, branding material or confidential documents of NIHSR have been returned.
  - There are no pending disputes, claims or liabilities with NIHSR.
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#### 7. Undertaking by Study Center

I undertake that

- I shall not represent myself as an affiliated center of NIHSR after approval of surrender or closure.
  - I shall remove NIHSR name, logo, signage, website content and promotional material immediately upon approval.
  - I shall not raise any future claim against NIHSR after closure.
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#### 8. Declaration

I declare that the information provided above is true and correct to the best of my knowledge. Any false statement shall make this request liable for rejection and legal action as per NIHSR rules.

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## 9. Signature & Seal

- Signature of Authorized Person: \_\_\_\_\_
- Name: \_\_\_\_\_
- Date: \_\_\_\_\_
- Place: \_\_\_\_\_

Seal of Study Center

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## 10. For Office Use Only (NIHSR)

- Date of Receipt: \_\_\_\_\_
- Student Data Verified:  Yes  No
- Financial Clearance:  Yes  No
- Approved / Rejected:  Approved  Rejected
- Effective Date of Closure: \_\_\_\_\_
- Remarks: \_\_\_\_\_

Signature of Registrar / Authorized Officer

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### Important Note

Affiliation surrender or closure shall be effective only after written approval from NIHSR. Until approval, the study center shall remain bound by all rules and obligations of affiliation.

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### NIHSR – Academic & Administration Department

Website: [www.nihsr.com](http://www.nihsr.com)

Helpline: 78726-78726