



NATIONAL INSTITUTE OF HEALTH SCIENCE & RESEARCH (NIHSR)

CHANGE OF STUDY CENTER REQUEST FORM

(For transfer of student from one NIHSR Study Center to another, approval based)

1. Student Details

- Student Name (Block Letters): _____
- Father / Husband Name: _____
- Mother Name: _____
- Date of Birth (DD/MM/YYYY): _____
- Gender: Male Female Other
- Mobile Number: _____
- Email ID: _____

2. Course & Enrollment Details

- Course Name: _____
- Duration of Course: _____
- Mode of Study: Regular Distance
- Session / Batch: _____
- Enrollment Number: _____
- Registration Number: _____

3. Present Study Center Details

- Study Center Name: _____
- Study Center Code: _____
- City / State: _____

4. Requested Study Center Details

- New Study Center Name: _____
 - New Study Center Code: _____
 - City / State: _____
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5. Reason for Change of Study Center

- Change of residence
- Distance or transport issue
- Health or medical reason
- Study center related issue
- Personal reason
- Other (Specify): _____

Detailed Explanation:

6. Documents Attached

- ID Proof
 - Proof of Address Change (If applicable)
 - Medical Certificate (If applicable)
 - No Objection Certificate from Present Study Center
 - Acceptance / Consent Letter from New Study Center
 - Any Other Supporting Document: _____
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7. Student Declaration

I hereby declare that the information provided above is true and correct. I understand that change of study center is subject to approval by NIHSR and is not a matter of right. I agree to abide by all rules and conditions imposed by NIHSR.

- Student Signature: _____
 - Date: _____
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8. Recommendation by Present Study Center

Certified that the above student is enrolled with us and has no pending dues or disciplinary issues.

- Authorized Signatory Name: _____
 - Signature & Seal of Present Study Center: _____
 - Date: _____
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9. Acceptance by New Study Center

Certified that we agree to accept the above student subject to approval by NIHSR.

- Authorized Signatory Name: _____
 - Signature & Seal of New Study Center: _____
 - Date: _____
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10. Approval by NIHSR (Office Use Only)

- Application Received On: _____
- Verified By: _____
- Transfer Fee (If applicable): Rs. _____
- Decision: Approved Rejected Pending
- Effective Date of Change: _____

Signature of Academic / Administration Department

Important Instructions

- Change of study center is allowed only with prior NIHSR approval.
 - Submission of form does not guarantee approval.
 - Decision of NIHSR shall be final and binding.
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NIHSR – Academic & Administration Department

Website: www.nihsr.com

Helpline: 78726-78726