



NATIONAL INSTITUTE OF HEALTH SCIENCE & RESEARCH (NIHSR)

DUPLICATE MARKSHEET / CERTIFICATE REQUEST FORM

(For Lost, Damaged or Name Correction Cases)

1. Student Details

- Student Name (Block Letters): _____
- Father / Husband Name: _____
- Mother Name: _____
- Date of Birth (DD/MM/YYYY): _____
- Gender: Male Female Other
- Category: General SC ST OBC Handicap

2. Course & Academic Details

- Course Name: _____
- Duration of Course: _____
- Session / Batch: _____
- Enrollment Number: _____
- Registration Number: _____
- Year of Passing: _____

3. Type of Request

- Duplicate Marksheet
- Duplicate Certificate
- Both Marksheet and Certificate
- Other Certificate

4. Reason for Request

- Lost
 - Damaged
 - Name Correction
 - Father / Mother Name Correction
 - Date of Birth Correction
 - Other (Specify): _____
-

5. Correction Details (If Applicable)

- Existing Name / Detail as per Record: _____
 - Correct Name / Detail Required: _____
-

6. Fee Details

- Request Fee Amount: Rs. _____
 - Payment Mode: Online Cash DD
 - Transaction ID / DD No: _____
 - Date of Payment: _____
-

7. Documents Attached

- Copy of ID Proof (Aadhar / Voter ID etc.)
 - FIR Copy (In case of lost document)
 - Original Damaged Document (If applicable)
 - Gazette Notification (For name change cases)
 - Affidavit / Declaration
 - Fee Receipt
 - Any Other Supporting Document: _____
-

8. Student Declaration

I hereby declare that the information provided above is true and correct. I understand that issuance of duplicate documents or corrections is subject to verification as per NIHSR rules. NIHSR reserves the right to reject the request if documents are found incorrect or insufficient.

- Student Signature: _____
- Date: _____

9. Recommendation by Study Center

Certified that the above student is enrolled / passed from our study center and the request has been verified at our level.

- Study Center Name: _____
- Authorized Signatory Name: _____
- Signature & Seal of Study Center: _____
- Date: _____

10. For Office Use Only (NIHSR)

- Application Received On: _____
- Verified By: _____
- Status: Approved Rejected Pending
- Document Issued: Marksheet Certificate Both
- Issue Date: _____
- Dispatch Mode: By Post By Hand Other _____

Signature of Examination / Academic Department

Important Instructions

- Processing time depends on verification and document completeness.
- Duplicate documents will be marked as DUPLICATE.
- Correction requests after long duration may require additional verification.

NIHSR – Examination & Academic Department

Website: www.nihsr.com

Helpline: 78726-78726