



NATIONAL INSTITUTE OF HEALTH SCIENCE & RESEARCH (NIHSR)

EXAM APPLICATION FORM

(For Annual / Supplementary / Improvement Examination)

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
- Handicap (If yes, specify): _____

2. Course Details

- Course Name: _____
- Duration of Course: _____
- Session / Batch: _____
- Enrollment Number: _____
- Registration Number (If issued): _____

3. Study Center Details

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

4. Examination Details

- Examination Type:
 - Annual Examination
 - Supplementary Examination
 - Improvement Examination
- Examination Session: March June September December Other _____
- Year: _____

5. Subjects Applied For

(Tick or write subject names clearly)

Sr. No	Subject Name	Theory	Practical
1		<input type="checkbox"/>	<input type="checkbox"/>
2		<input type="checkbox"/>	<input type="checkbox"/>
3		<input type="checkbox"/>	<input type="checkbox"/>
4		<input type="checkbox"/>	<input type="checkbox"/>

6. Examination Fee Details

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

7. Documents Attached

- Copy of ID Proof
- Previous Marksheet (If applicable)
- Fee Receipt
- Handicap Certificate (If applicable)
- Any Other: _____

8. Student Declaration

I hereby declare that the information provided above is true and correct to the best of my knowledge. I understand that NIHSR is an autonomous institute and the course pursued is meant for self employment and skill development only. I agree to abide by all examination rules and regulations of NIHSR.

- Student Signature: _____
 - Date: _____
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9. Recommendation by Study Center

Certified that the above student is enrolled with our study center and is eligible to appear in the examination.

- Authorized Signatory Name: _____
 - Signature & Seal of Study Center: _____
 - Date: _____
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10. For Office Use Only

- Form Received On: _____
- Verified By: _____
- Roll Number Issued: _____
- Exam Center Allotted: _____

Signature of Examination Department

Note:

- Incomplete forms will be rejected.
 - Examination fee is non refundable.
 - Admit Card will be issued only after verification.
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NIHSR – Examination Department

Website: www.nihsr.com

Helpline: 78726-78726