



NATIONAL INSTITUTE OF HEALTH SCIENCE & RESEARCH (NIHSR)

INTERNAL ASSESSMENT SUBMISSION FORM

(For Submission of Internal Assessment Marks by Study Center)

1. Study Center Details

- Study Center Name: _____
- Study Center Code: _____
- Address: _____
- City / State: _____
- Contact Number: _____
- Email ID: _____

2. Course & Examination Details

- Course Name: _____
- Duration of Course: _____
- Session / Batch: _____
- Examination Session: March June September December Other _____
- Examination Year: _____

3. Student Internal Assessment Details

Sr. No	Student Name	Enrollment No	Subject Name	Max Marks	Marks Obtained
1					
2					
3					
4					

(Attach additional sheets if required)

4. Attendance Confirmation

Certified that all above students have fulfilled minimum attendance requirement as per NIHSR norms.

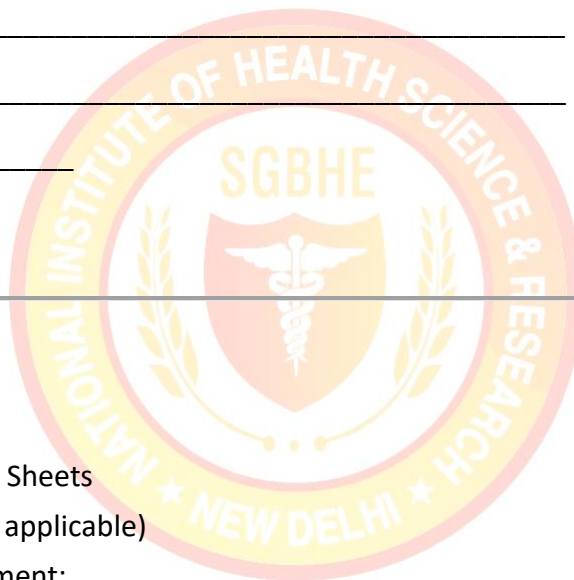
Yes No

5. Declaration by Study Center

I hereby declare that the internal assessment marks submitted above are true, correct and awarded as per NIHSR guidelines. No alteration has been made after evaluation. I understand that submission of incorrect or manipulated data may lead to cancellation of affiliation.

- Name of Authorized Person: _____
- Designation: _____
- Signature: _____
- Date: _____

Official Seal of Study Center



6. Documents Attached

- Attendance Sheet
 - Internal Assessment Answer Sheets
 - Faculty Evaluation Report (If applicable)
 - Any Other Supporting Document: _____
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7. For Office Use Only (NIHSR)

- Form Received On: _____
- Verified By: _____
- Status: Accepted Rejected Clarification Required
- Remarks: _____

Signature of Examination / Academic Department

Important Instructions

- Internal Assessment marks must be submitted before the prescribed deadline.
 - Late submission may result in non inclusion of marks in final result.
 - Only authorized signatory of study center is allowed to submit this form.
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NIHSR – Academic & Examination Department

Website: www.nihsr.com

Helpline: 78726-78726

