



NATIONAL INSTITUTE OF HEALTH SCIENCE & RESEARCH (NIHSR)

PRACTICAL EXAM REGISTRATION FORM

(For Practical and Viva Voce Examination)

1. Student Details

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

2. Course & Enrollment Details

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

3. Study Center Details

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

4. Practical Examination Details

- Examination Session: March June September December Other _____
- Examination Year: _____

- Practical Exam Type:
 - Practical Examination
 - Viva Voce
 - Both Practical and Viva

5. Subjects Applied For (Practical / Viva)

Sr. No	Subject Name	Practical	Viva Voce	Max Marks
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. Practical Exam Fee Details

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

7. Documents Attached

- Theory Exam Admit Card Copy
- Internal Assessment Marks Sheet
- Fee Receipt
- ID Proof
- Any Other Supporting Document: _____

8. Student Declaration

I hereby declare that I have completed the required practical training and internal assessment as per NIHSR norms. I understand that registration for practical and viva is subject to verification and approval by NIHSR.

- Student Signature: _____
- Date: _____

9. Recommendation by Study Center

Certified that the above student has completed the required practical training and is eligible to appear in the practical and viva voce examination.

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

10. For Office Use Only (NIHSR)

- Form Received On: _____
- Verified By: _____
- Status: Approved Rejected Pending
- Practical Exam Center Allotted: _____
- Practical Exam Date: _____

Signature of Examination Department

Important Instructions

- Separate registration is mandatory for practical and viva examinations.
- Incomplete forms will not be processed.
- Practical exam schedule will be communicated through the study center or website.

NIHSR – Examination Department

Website: www.nihsr.com

Helpline: 78726-78726