



NATIONAL INSTITUTE OF HEALTH SCIENCE & RESEARCH (NIHSR)

STUDENT DECLARATION & UNDERTAKING FORM

(Regarding nature of course, recognition and purpose)

1. Student Details

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

2. Course Details

- Course Name: _____
- Duration of Course: _____
- Mode of Study: Regular Distance
- Session / Academic Year: _____
- Enrollment Number (If issued): _____
- Study Center Name & Code: _____

3. Student Declaration

I, the undersigned student, hereby declare that I have carefully read and understood all the information related to the course mentioned above offered by the National Institute of Health Science & Research (NIHSR).

I clearly understand and accept that

1. NIHSR is an autonomous institute engaged in skill development and vocational education.
2. The course pursued by me is meant only for self employment, private practice, skill enhancement and professional development.
3. The course is not a government degree or government recognised qualification for central or state government jobs.
4. Completion of this course does not guarantee government employment, promotion, registration or licensure.
5. I have taken admission voluntarily after understanding the nature, scope and limitations of the course.

4. Student Undertaking

I further undertake that

- I shall not claim or represent this qualification as eligibility for any government or semi government job.
- I shall not hold NIHSR responsible for rejection of my candidature by any authority or organisation.
- I shall abide by all rules, regulations, examination norms and disciplinary guidelines of NIHSR.
- Any false declaration may lead to cancellation of admission, result or certificate without any claim for refund.

5. Signature & Acknowledgement

I confirm that the above declaration and undertaking is given by me with full consent and without any pressure.

- Student Signature: _____
 - Date: _____
 - Place: _____
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6. Witness / Study Center Verification

Certified that the above declaration has been explained to the student and accepted knowingly.

- Authorized Signatory Name: _____
 - Designation: _____
 - Signature & Seal of Study Center: _____
 - Date: _____
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7. For Office Use Only (NIHSR)

- Form Received On: _____
- Verified By: _____
- Remarks: _____

Signature of Academic / Administration Department

Important Note

This declaration is mandatory for all students at the time of admission and shall remain part of the permanent academic record.

NIHSR – Academic & Administration Department

Website: www.nihsr.com

Helpline: 78726-78726

