



# NATIONAL INSTITUTE OF HEALTH SCIENCE & RESEARCH (NIHSR)

BACK PAPER / SUPPLEMENTARY EXAM APPLICATION FORM

(For students appearing in Back Paper or Supplementary Examination)

## 1. Student Details

- Student Name (Block Letters): \_\_\_\_\_
- Father / Husband Name: \_\_\_\_\_
- Mother Name: \_\_\_\_\_
- Date of Birth (DD/MM/YYYY): \_\_\_\_\_
- Gender:  Male  Female  Other
- Mobile Number: \_\_\_\_\_
- Email ID: \_\_\_\_\_

## 2. Course & Enrollment Details

- Course Name: \_\_\_\_\_
- Duration of Course: \_\_\_\_\_
- Mode of Study:  Regular  Distance
- Session / Batch: \_\_\_\_\_
- Enrollment Number: \_\_\_\_\_
- Registration Number: \_\_\_\_\_

## 3. Examination Details

- Examination Type:
  - Back Paper Examination
  - Supplementary Examination
- Examination Session:  March  June  September  December  Other \_\_\_\_\_
- Examination Year: \_\_\_\_\_

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#### 4. Subjects Applied For

Sr. No	Subject Name	Paper Code (If any)	Previous Exam Year	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"/>

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#### 5. Examination Fee Details

- Total Fee Amount: Rs. \_\_\_\_\_
  - Payment Mode:  Online  Cash  DD
  - Transaction ID / DD No: \_\_\_\_\_
  - Date of Payment: \_\_\_\_\_
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#### 6. Documents Attached

- Copy of Previous Marksheet / Result
  - Exam Application Form Copy
  - Fee Receipt
  - ID Proof
  - Any Other Supporting Document: \_\_\_\_\_
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#### 7. Student Declaration

I hereby declare that the above information is true and correct. I understand that appearing in back paper or supplementary examination is subject to NIHSR rules and verification of records.

- Student Signature: \_\_\_\_\_
  - Date: \_\_\_\_\_
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## 8. Recommendation by Study Center

Certified that the above student is eligible to appear in the back paper / supplementary examination as per NIHSR norms.

- Study Center Name: \_\_\_\_\_
  - Study Center Code: \_\_\_\_\_
  - Authorized Signatory Name: \_\_\_\_\_
  - Signature & Seal of Study Center: \_\_\_\_\_
  - Date: \_\_\_\_\_
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## 9. For Office Use Only (NIHSR)

- Application Received On: \_\_\_\_\_
- Verified By: \_\_\_\_\_
- Status:  Approved  Rejected  Pending
- Roll Number Allotted: \_\_\_\_\_
- Examination Center: \_\_\_\_\_

Signature of Examination Department

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## Important Instructions

- Separate form is required for each examination session.
  - Incomplete or incorrect forms will not be accepted.
  - Examination fee is non refundable.
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## NIHSR – Examination Department

Website: [www.nihsr.com](http://www.nihsr.com)

Helpline: 78726-78726