

NATIONAL INSTITUTE OF HEALTH SCIENCE & RESEARCH (NIHSR)

(An Autonomous Health Science & Skill Development Institute)

Registered under Society Registration Act 21 of 1860, Govt. of India



STUDY CENTRE NO DUES & AUTHORIZATION NOC

(Mandatory After Course Completion)

STUDY CENTRE DETAILS

Study Centre Name: _____

Study Centre Code: _____

Centre Address: _____

Contact Number: _____

Email ID: _____

STUDENT DETAILS

Student Name (Block Letters): _____

Father's / Husband Name: _____

Mother Name: _____

Enrollment Number: _____

Course Name: _____

Course Category / School: _____

Session / Batch: _____

NOC & DECLARATION BY STUDY CENTRE

We, the undersigned authorized representatives of the above-mentioned affiliated Study Centre, hereby certify and declare that:

1. The above-named student has successfully completed the prescribed course conducted under the **National Institute of Health Science & Research (NIHSR)** through our Study Centre.
2. All academic, administrative and financial dues of the student towards the Study Centre have been fully cleared, and no fee, charge or liability of any nature is pending against the student.
3. We hereby issue this **No Dues and Authorization NOC** in favour of the student and NIHSR.
4. We confirm and authorize that **NIHSR** is fully permitted to process, issue and provide to the student, whenever required in future:
 - Course Completion Certificate
 - Marksheet
 - Provisional Certificate
 - Duplicate Certificate or Marksheet
 - Verification replies to any authority or organization
 - Any other academic or record related service
5. We further declare that no financial claim, fee demand or dispute shall be raised by the Study Centre in future against **NIHSR** or the student in relation to the above-mentioned course.
6. We understand and accept that this NOC shall be treated as final clearance and permanent authorization, and the responsibility of the Study Centre in respect of student dues stands closed upon issuance of this document.

DECLARATION REGARDING FUTURE CLAIMS

We hereby undertake that we shall not object to, dispute or interfere with any academic, administrative or verification related service provided by **NIHSR** to the above-named student on the basis of this NOC.

AUTHORIZED SIGNATORY OF STUDY CENTRE

Name of Authorized Person: _____

Designation: _____

Signature & Seal of Study Centre: _____

Date: _____

FOR OFFICE USE ONLY (NIHSR)

NOC Received On: _____

Verified By: _____

Recorded in Student File: Yes No

Authorized Signature: _____

Office Seal: _____

Date: _____

IMPORTANT NOTE

- This NOC is mandatory for final record closure of the student.
 - Any future claim raised by the Study Centre after issuance of this NOC shall be considered invalid.
 - NIHSR shall not be responsible for any dispute arising from incorrect or false declaration by the Study Centre.
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NIHSR – Academic & Administration Department

Website: www.nihsr.com

Helpline: 78726 78726