

National Institute of Health Science & Research New Delhi

APPLICATION FOR REGISTRATION RENEWAL AS PARAMEDICAL PERSONNELS

Paste a
passport size
photograph of
the applicant

1. Name and Address of the Applicant with

District (In block letters) :

Phone No. with STD code :

Mobile No. :

Email :

2. Address to which communications :

3. Date of Birth in figures :

4. Date of Birth in words :

5. Nationality :

6. Sex :

7. Father's Name (in block letters) :

8. Nationality of Father :

9. Native Place of Father :

10. Official Address of the applicant :

11. Educational qualification

Sr No	Name of the course	Name & Address of the Institute/College	Period of Study	Year of Pass	Percentage of mark	Name of University/Board/ council under which the course was conducted
1						
2						
3						

12 . Experience

Sr No	Name of Hospital/ Institute/College	Period of work (Eg-12/2/04 to 15/5/05)	Total experience (Eg-1year&3 months)	Name Address of Head of Institute with phone/mob. No

13. State the medium of instruction of training :

14. Details of remittance of registration fee

Transaction Reference Number/Journal Number/UTR Number :

(Enclose original counterfoil with transaction reference number noted on it)

Bank and Branch of Payment :

Date of Payment :

DECLARATION

I, [Name], hereby declare that the statements made in this form are true to the best of my knowledge. I have thoroughly read and understood the rules and regulations outlined in the prospectus of the National Institute of Health Science & Research. I have ensured that I fulfill all eligibility conditions as prescribed. I confirm that all necessary information and documents have been provided accurately and honestly. Furthermore, I pledge to submit any additional documents that may be required in the future promptly. I am fully aware that any discrepancy or misleading information found in the documents submitted by me may lead to the cancellation of my candidature by the institute. I acknowledge that the institute reserves the right to take appropriate actions, which I agree to accept. I understand that once the fees are paid, they will not be refunded or adjusted under any circumstances. Additionally, I consent to any disputes being subject to the jurisdiction of Ludhiana, Punjab.

Place : Signature :

Date : Name :

Instructions

- 1. Registration will not be permitted if the degree/diploma/certificate/course has been obtained from a college/institute/university that is not approved by the National Institute of Health Science & Research for the registration being sought.*
- 2. For Registration Certificates, students are required to deposit a fee of Rs.4500 into the account of the Registrar of the National Institute of Health Science & Research (Account Name: National Institute of Health Science and Research, Current Account Number: 2057002100109335, Bank Name: Punjab National Bank (PNB), Bank Branch: Feroze Gandhi Market, IFS Code / RTGS / NEFT Code: PUNB0205700) via NEFT/Direct Transfer. Demand drafts will be accepted. The registration fee will not be refunded under any circumstances.*