

NATIONAL HEALTH & EDUCATION RESEARCH COUNCIL OF INDIA

AFFILIATION FORM

INFORMATION

Institute Name* _____

Director Name _____

Phone Number _____

Office Number _____

Email Address * _____

Address * _____

City* _____

State * _____

"Our official application form is your gateway to a research-driven career. By providing accurate information, you ensure a smooth enrollment process into NHERCI's nationally recognized programs. Please read the instructions carefully before submission to avoid any delays in your certification journey."

CONSENT & AGREEMENT

I certify that the above information is correct to the best of my knowledge.

Documents Submitted: Registration Faculty Profiles
 Proof of Address Other: _____

Date: / /

Signature: _____