



Christian Institute of Health Sciences & Research

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College of Nursing: NAAC Accredited

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ACCEPTANCE LETTER

I, Mr/Ms. _____

Hall Ticket no. _____ hereby submit my letter of acceptance to join the
B. Sc. Nursing / GNM Nursing/ Post Basic B. Sc. Nursing/ course at the College of
Nursing, CIHSR, Dimapur, Nagaland.

I understand that:

1. I have to pay the Registration/Admission fee by **16th June – 30th June, 2025.**
2. The Registration /Admission fee, tuition fees will not be refunded if I choose to withdraw my acceptance for admission.
3. The fees is subject to change when the University, Nursing Council or the CIHSR Board makes new regulations.

Name of Applicant:

Signature:

Date:

Place:

Witness (name & signature):

Relation to Applicant: