North East Regional Multi-Disciplinary Paramedical Institute
Christian Institute of Health Sciences & Research, 4th Mile, Chumoukedima
P.B. No. 31, P.O. ARTC Nagaland - 797115

APPLICATIONS INVITED FOR SUPPLEMENTARY SELECTION 2026–27

Applications are invited for admission to the following programmes, in which a few seats are available:

1. Bachelor of Science in Health Information Management (B.Sc. HIM)
2. Bachelor of Physiotherapy (BPT)
3. Bachelor of Radiotherapy Technology (BRTT)
4. Bachelor of Dialysis Therapy Technology (BDTT)
5. Bachelor of Occupational Therapy (BOT)
6. *Bachelor of Science in Nuclear Medicine Technology (B.Sc. NMT)
   *Subject to approval from the Nagaland State Government.

Interested candidates may apply using the application form attached below and submit it by e-mail to principalahs@cihsr.ac.in on or before 25th July 2026.

Applicants may indicate a maximum of three programme preferences in order of preference.

Counselling/Interview and Medical Check-up will be conducted on 30th July 2026.

Admission of selected candidates will take place on 3rd August 2026.

For further information, please contact:

Telephone: 03862-242555, Ext. 6300
E-mail: principalahs@cihsr.ac.in

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NERMPI Supplementary Selection 2026-27

Submission Date: ___/___/___

Personal Details

Full Name : _____
Date of Birth : _____
Gender : _____
Father / Guardian's Occupation : _____
Marital Status : _____
Religion : _____
Nationality : _____
State/UT/Province of Domicile : _____
Category : _____

Academic Details

HSLC/10th Board/University : _____
Passing Year : _____
Percentage/Grade/CGPA : _____
HSSLC/12th Board/University : _____
Course Name : _____
Passing Year : _____
Percentage/Grade/CGPA : _____

Course Preferences

1. _____
2. _____
3. _____

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Sponsorship: _____

Application Amount:

1. **Application Fee:** ₹1,200.00/
2. **Course(s) Fee:** ₹500/- (Per Course)

Payment to:

Account Name : CIHSR NERMPI
Bank Name : State Bank of India
Account Number : 37030509892
IFSC Code : SBIN0015289
Branch : Diphupar

Transaction Date: ___/___/___ **Payment Reference No.: _____**

Email : _____
Contact No. : _____

Documents to be submitted with the form:

1. Class X Marksheet
2. Class XII Marksheet
3. Payment Receipt