

An Institution of National Importance established by an Act of Parliament

निदेशक कार्यालय चिकित्सा विज्ञान संस्थान

Office of the DIRECTOR Institute of Medical Sciences

No.Acad/Convocation/19-20/4220

Date: 09.12.2019

## **NOTICE**

As you are aware that the 101th Convocation of the Banaras Hindu University is scheduled on 23<sup>rd</sup> December, 2019 at the Swatantrata Bhawan of the University. It is informed to all the Deans/HODs/Faculty Member of the IMS that the degrees distribution of passed out candidates of the Institute of Medical Sciences will be given by the Deans, of the respective faculties on 23<sup>rd</sup> December, in a separate function to be organized in the Conference Hall, NLT-IMS as per the following schedule.

Date	Time	Faculties
23.12.2019	1.30 PM to 2.30 PM	Faculty of Medicine
23.12.2019	2.30 PM to 3.00 PM	College of Nursing
23.12.2019	3.00 PM to 4.00 PM	Faculty of Ayurveda
23.12.2019	4.00 PM onwards	Faculty of Dental Sciences

All the faculty members and students are invited to attend the above function.

Date:

No.Acad/ Convocation /19-20/

Copy to the following for wide publicity among the students

- 1. The Dean, Faculty of Medicine/Ayurveda /Dental/Prof. Incharge College of Nursing, IMS, BHU.
- 2. All the Head of the Departments of IMS, BHU.
- 3. All the Admin Wardens, Medical Hostel, IMS, BHU.
- 4. The Joint Registrar (Exams.), BHU.
- 5. The Joint Registrar, IMS, BHU.
- 6. The Dy. Registrar, IMS, BHU.
- 7. The Dy. Registrar (Academic), BHU.
- 8. Sr. PA to the Director, IMS, BHU.
- 9. The S. O. (Acad./Accts/GA), IMS Directorate, BHU.
- 10. Notice Board/IMS Library/Medical Hostel/Institute.



## CONSENT FORM

## FOR THE GRADUANDS FOR RECEIVING THE DEGREE / MEDALS

		Dated: _		, 201
То				
The Dean Faculty of Banaras Hindu University VARANASI – 221 005		*		
Sir,				
I wish to attend the 101st Conv University in person. Relevant	voca Inf	ation (for the examinations of the year formation about myself is given belo	ear 2018) of th	ıe
Name (in BLOCK Letters)	:			
Father's Name	:			
Year of Passing	:		and the second s	
Examination Roll No.	:			
Enrolment No.	:		-	
Degree to be received	:			
Department / School	;			
Full Address	. 1			
e-mail ID	:			
Mobile No.				
I shall report to the Faculty / Is and Safa (part of Academic Cos	nsti stun	itute as per prescribed time schedu ne) on payment of prescribed fee.	le to collect U	ttaria
			Yours faith	ıfully,

(Full Signature of the Candidate)