



No. Acad./MBBS/2021/

March 1, 2021

MOST URGENT/TODAY**NOTICE**

The MBBS II Professional (2019 Batch) students are hereby informed to report to their hostels between 5-7 March, 2021 to attend their offline classes commencing from 8/3/2021. They are also advised to come with recent RTPCR COVID 19 test report (previous 72 Hours) and an undertaking from their parents in the prescribed format attached.

Name of the Hostel	Name of the Admin. Warden and contact number	Name of the Warden and contact number
Ruiya Hostel	Dr.R.S.More 8808628696	Dr.Kumar Sarvottam 8447250600
Ruiya Annexe Hostel	Dr.Ravi Shankar 9454352721	Dr.Bhupendra Singh Yadav 9711568512
New Doctors Hostel (Girls)	Prof.Royana Singh 800492200/ 9450545650	Dr.Kiran Rajendra Giri 9146814727


DEAN, FACULTY OF MEDICINE

Copy to:

1. The Registrar, BHU
2. The Heads of the Department of Pathology, Microbiology, Pharmacology, Forensic Medicine, Community Medicine, Medicine, Surgery & Obst. & Gynecology, IMS.
3. The Coordinator, Medical Hostels, IMS.
4. Prof.V.N.Mishra , Students Advisor, Faculty of Medicine, IMS
5. The Prof.Incharge, Art & Photo Section, IMS
6. The Admin.Warden/Warden of NDH/Ruiya/ Ruiya Annexe Hostel, IMS for wide circulation among the students.
7. The Joint Registrar, IMS
8. PA to Director, IMS
9. The Section Officer (Academic), IMS.


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CONSENT FORM

To
The Director,
Institute of Medical Sciences,
Banaras Hindu University.

Sir,

I, Mr./Mrs..... Mother/Father/Guardian
of Mr./Ms.....studying in

Agree to send my ward back to IMS, BHU, Varanasi. I am well aware of the COVID 19 guidelines at the University and appreciate all the precautions taken for my ward by the University authorities, to keep them safe from community exposure. I am sending my ward on the scheduled dates to the University to further pursue his/her academic commitments to the University.

My ward will be travelling from(City) by Flight/Train/Bus/
Private vehicle (tick which is applicable). My child is currently having no symptoms pertaining to COVID-19 and is carrying a **COVID NEGATIVE Certificate**.

I hereby permit the screening of my ward on return at college as per the recommendations of the statutory health authorities. In case of an unwarranted health situation, I agree to pay for any and all medical expenses incurred and grant permission to the doctor/health professional to provide medical care if necessary.

By signing this form, I confirm the information I have given herewith and understand the University healthcare guidelines pertaining to COVID 19 and the process of re-entry of my ward into the University for curricular, co-curricular and extra-curricular activities and have no objections regarding the same.

.....
(Signature of Parent/Guardian)

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Contact Number of Parent/Guardian