

राजेन्द्र आयुर्विज्ञान संस्थान  
(झारखण्ड सरकार का एक स्वयत्तशासी संस्थान)  
राँची-834009(झारखण्ड)  
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RAJENDRA INSTITUTE OF MEDICAL SCIENCES  
(Formerly known as Rajendra Medical College)  
(An Autonomous Institute under Govt. of Jharkhand)  
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Memo N. 782

“FOR WEBSITE”

Dated. 25.04.2020

**NOTICE FOR POST GRADUATE STUDENTS (EXAMINEE BATCH) stranded outside RIMS Campus Ranchi.**

In continuation of the notice published on RIMS website (RIMS/PG (std.)/771 dated 16-04.2020, those stranded outside RIMS campus and are unable to submit their examination form physically, can download the form, from the website & submit the self signed scanned copy on their HOD's & guides e-mail which may be passed on to the student section dully signed by both on or before 5<sup>th</sup> may 2020. Money can be deposited at the time of receiving admit card.

*Pai*  
25/04/2020  
Dean,  
RIMS, Ranchi.

Encl: Examination form

CERTIFICATE TO BE ISSUED BY CONCERNED DEPARTMENT WHILE SENDING UP STUDENTS FOR THE POSTGRADUATE DEGREE/DIPLOMA EXAMINATION SCHEDULE TO COMMENCE FROM \_\_\_\_\_

1. Name : \_\_\_\_\_
2. Course : \_\_\_\_\_
3. Date of Admission : \_\_\_\_\_
4. Date of joining the Department : \_\_\_\_\_
5. Date of submission of thesis : \_\_\_\_\_
6. Regn. No. of Ranchi University : \_\_\_\_\_
7. No. of Days present in the department till \_\_\_\_\_ out of \_\_\_\_\_ working days date

Nothing is due against the candidate.

Signature of Head of the Department of

Signature of Guide

Name of the Candidate : \_\_\_\_\_

Course : \_\_\_\_\_

1. No dues from Clerk Incharge Scholarship

Signature

2. No. dues from Sports Committee

Signature

3. No dues from concerned Hostel

Signature

4. Certified that nothing is due against the candidate of the Director's RIMS office.

Signature

I undertake to vacate my room in hostel within a week of completion of viva/Practical/Clinical examination, failing which room will be deemed vacated.

Signature of Candidate

**RANCHI UNIVERSITY, RANCHI.**

To,

The Registrar,

Ranchi University, Ranchi.

Photograph with  
Name

Sir,

I request for permission to present myself at the M.D./M.S./M.Ch./Diploma examination \_\_\_\_\_ which is to commence from \_\_\_\_\_.

Yours faithfully,

Full Signature of the candidate

**PARTICULARS TO BE FILLED IN BY THE CANDIDATE**

1. Name (In block letters in English) : \_\_\_\_\_
2. Name in full in Devnagari Script : \_\_\_\_\_
3. Registration Number of Ranchi University : \_\_\_\_\_
4. Subject in which the candidate will be examined. : \_\_\_\_\_
5. Details of M.D./M.S./M.Ch./Diploma examination  
Examination previously appeared & failed : (Roll No. \_\_\_\_\_ Year \_\_\_\_\_)

M.D./M.S./M.Ch./Diploma Examination : \_\_\_\_\_

1. Name in full (In English) : \_\_\_\_\_
2. Name in Hindi : \_\_\_\_\_
3. Reg. No. of R.U. : \_\_\_\_\_
4. Subject of Examination : \_\_\_\_\_

Photograph with  
Name

Signature of the Candidate

**PARTICULAR TO BE FILLED IN THE UNIVERSITY OFFICE.**

The above candidate bears Roll RAN No. \_\_\_\_\_ Admit his/her to the M.D./M.S./M.Ch./Diploma examination to be held from \_\_\_\_\_ and subsequent dates.

Assistant Examination  
Ranchi University, Ranchi.

Controller of Examination  
Ranchi University, Ranchi.