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(झारखण्ड सरकार का एक स्वयत्शासी संस्थान)

राँची-834009(झारखण्ड)

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RAJENDRA INSTITUTE OF MEDICAL SCIENCES

(An Autonomous Institute under Govt. of Jharkhand)

Ranchi-834009(Jharkhand)

Phone: 0651-2541533, Fax: 0651-2540629,

Email : rimsranchi@rediffmail.com

FORM – A

To,

The Dean

Rajendra Institute of Medical Sciences

Bariatu, Ranchi

Jharkhand – 834009

Subject: Application for receiving Degree– In person in the Graduation Ceremony to be held on 18th OCTOBER 2016.

Dear Sir,

With reference to your letter No. _____ dated _____, this is to inform you that:-

I am eligible to receive my degree in the Graduation Ceremony 2016. I shall attend the Graduation Ceremony Rehearsal and shall also be present at the Graduation Ceremony, as per the schedule (attached) to receive my Degree in person. A fee of Rs 2000 (Rs 1000 refundable, security deposit for the gown) is being remitted in favor of The Director, RIMS Ranchi vide cash/bank Draft No.....datedalong with this letter.

Yours faithfully.

(Signature of the student)

Dated:

Name of the student.....

University Roll No.....

Date of completing degree requirements.....

(For UG: - All the graduating UG students (who have appeared in 2015 (I) and 2015 (II) examinations) completing internship by February 2017

(For PG: - 1. MD/MS- Batch of 2013)

2. Diploma- Batch of 2014)

(For Mch:- Batch of 2011)

Department (PG)

Address

.....

..... Pin Code.....

Telephone No..... Mobile

E-mail Address: