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(झारखण्ड सरकार का एक स्वयत्शासी संस्थान)

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RAJENDRA INSTITUTE OF MEDICAL SCIENCES

(An Autonomous Institute under Govt. of Jharkhand)

Ranchi-834009(Jharkhand)

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FORM – B

To,
The Dean
Rajendra Institute of Medical Sciences,
Bariatu, Ranchi
Jharkhand-834009.

Dear Sir,

Name of the graduating student (in block letters)

University Roll No. _____

Discipline (UG/PG/Mch) _____

Batch _____

I am eligible to receive degree in Graduation Ceremony 2016 and the following people will be accompanying me to the event (maximum two):

1.Name: _____

Relation: _____

Address:

2.Name: _____

Relation: _____

Address:

(Signature of Graduating Student)

Dated: _____