

भारतीय प्रौद्योगिकी संस्थान

(काशी हिन्दू विश्वविद्यालय), वाराणसी

INDIAN INSTITUTE OF TECHNOLOGY (BANARAS HINDU UNIVERSITY), VARANASI

Academic Section

Consent Form for the FIRST Convocation

1.	Roll No.	Department		_
2.	Programme of Study	,	./B.Pharm./IDD/IMD n./M.Pharm./Ph.D.	
3.	Academic Programm	ne completed on date :	4. NO DUES Cleared : YES / NO	
	(Date of last examin	ation)		
5.	Name of the Studen	t (in English) :		
6.	Name of Student (in	Hindi)**:		_
7.	Current Postal Address :			
	Pin Code :	e-mail id :	Mobile No. :	
8.	Tick one of the follo	owing boxes applicable to you:		
			ocation and receive the Degree in person.	
		·	Challan No dated	
		` ´	with as fee for receiving the Degree in person. (if you are	
		opting to attend the FIRST Convocation in person, you will compulsorily have to attend		
	the Convocation rehearsal scheduled on July 9, 2013)			
	ļ	NO, I shall not be able to att	nd the Convocation.	
			Challan No dated	
			with as fee for conferrng the Degree in absentia.	
	(*Bank Draft should be drawn in favour of "The Registrar, IIT(BHU) payable at SBI IT(BHU), Varana			
	9. (a) Hostel acc	commodation required (Tick one):	Yes No	
	(b) Number of	of person(s) accompanying:		
Da	te :/20	13	Signature of the Student	
*	•	•	arately (through SPEED POST) duly supported by a copy of	f
**	the last Degree/Certi		& English. The change of name in Hindi should not be made	0
	unless you are sure o		x English. The change of name in Amul should not be made	Е
TC -				_
•	•		person, you may post it (along with Bank Draft and other	
	-		address so as to reach us latest by June 25, 2013 and send	a
sca	nned copy through e-	maii.		
	e Dean (Academic A			
	lian Institute of Tecl	••		
	anaras Hindu Unive	•		
Va	ranasi-221005, Uttai	r Pradesh (INDIA)		

 $\textbf{PS:} \ \ \textbf{For any queries related to Convocation please contact } \textbf{Academic Section, IIT} \textbf{(BHU), Varanasi}$

Tel.No.: 0542-6702067, 6702070; e-mail: academics@itbhu.ac.in