



No. F.Ay./BAMS/2021/

Date: 01.03.2021

NOTICE

The 1st year BAMS students admission batch 2020 are hereby informed to report to IMS, BHU on 20-21 March, 2021 to join their offline classes scheduled to start w.e.f. 22.03.2021. 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. The students are directed to contact the Admin. Warden/Warden of the hostels, whose contact details are given below:

Name of the Hostel	Name of the Admin. Warden and Contact number	Name of the Warden and contact number
Punarvasu Atrey Hostel (Boys)	Dr. J.P. Singh 9415814351	Dr. Samir Kumar Singh 9452468801
		Mr. Sanjay Gupta, Office Staff 9936656969
Mother Teresa Hostel (Girls)	Dr. Manushi Srivastava 9415446612 9919483355	Ms. Saroj Mani, Asstt. Warden 9936440550


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Faculty of Ayurveda

Copy to:

1. The Registrar, BHU.
2. The Head, Deptt. of Rachana Sharir, Kriya Sharir, Siddhant Darshan, Samhita & Sanskrit, Medicinal Chemistry, Faculty of Ayurveda, IMS, BHU.
3. Prof. H.H. Awasthi, Student Advisor, Faculty of Ayurveda, BHU.
4. The Admin. Warden/Warden of Punarvasu Atreya/Mother Teresa Hostel, IMS for necessary arrangements.
5. The Joint Registrar I & II, IMS, BHU.
6. Sr.P.A. to the Director, IMS, BHU.
7. The Section Officer (Academic), IMS, BHU.


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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)

.....
Contact Number of Parent/Guardian