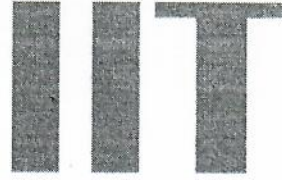




भारतीय  
प्रौद्योगिकी  
संस्थान  
काशी हिन्दू विश्वविद्यालय



INDIAN  
INSTITUTE OF  
TECHNOLOGY  
BANARAS HINDU UNIVERSITY

☎ : 91-542-6702069

FAX : 91-542-2367780, 2368428;

e-mail : registrar@itbhu.ac.in

Office of the Registrar  
(M.R. Cell)

कुलसचिव कार्यालय  
(चिकित्सा प्रतिपूर्ति प्रकोष्ठ)

Ref. No. IIT(BHU)/MRC/2017-18/ 9183

Dated: 21.08.2017

All the Deans  
All the Head of Departments/Coordinator of Schools  
The Coordinators/Incharge of Units/Centers/Offices  
All the Professor Incharges  
The Chief Councilor, Gymkhana  
The Chairman, Institute Works Committee  
The Chairman, Senate Library Committee  
The Chairman, IIT(BHU)-Cafeteria Committee  
The Chairman, Council of Wardens  
The Chairman, Web Management & E-mail Services Committee  
The Coordinator, GTAC  
The Deputy Chief Proctor  
All the Joint Registrars  
The Deputy Registrar (Accounts)  
All the Assistant Registrars  
P.S. to the Director  
P.A. to the Registrar

Indian Institute of Technology (BHU)

**Subject: Regarding Group Medclaim Insurance Scheme.**

Dear Sir/Madam,

In continuation to this office circular no. IIT(BHU)/MRC/2017-18/7993 dated 29.07.2017 on the subject cited above, this is to inform you that the Consent Form alongwith family details of some of the faculty/ Non-faculty member have not yet been received in this office till date.

In this connection, you are again requested to give it wide publicity and to send the filled in Consent Forms from the faculty and non-faculty staff members of your Department/School/Offices, who are interested to be a part of the proposed Group Medical insurance Scheme, on or before 31.08.2017.

The employees who have already submitted their consent, may not need to submit a fresh.

Yours faithfully,

21/08/17  
Joint Registrar (Admin-II)

Encl: As above