

ATAL BIHARI VAJPAYEE MEDICAL UNIVERSITY UTTAR PRADESH, LUCKNOW

	ADMIT CARD	Serial No: (ABVMUUP Office)
COURSE NAME	BMLS (Course Code: 102) 1st Semester E	Exam (Batch) 20
	(B.Sc. Medical Laboratory Science)
Name of College:	Colleg	ge Code
Examination Center:	4.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1	
Examination Roll No		Photograph Not less than 3.5 cm x 4.00
ABVMUUP Enrollment No (Student ID No)		Face Not less than 2 cm No Spectacles or Glass
	/ Mico	Signature of the Student)
*Example :- Do NOT Prefer Mr /Mrs . 1. Name of Candidate [First Nat	me, Middle Name, Last Name](In English): (In CAPITALS) * [Do not write Mr/Ms
1. Name of Candidate [First Nat	me, Middle Name, Last Name](In English): (In CAPITALS) * [
Name of Candidate [First Name of Candidate First Name of Candid		ot write Mr/Shri
Name of Candidate [First Name of Candidate First Name of Candid	me, Middle Name, Last Name](In English): (In CAPITALS) * [ot write Mr/Shri

Instructions to Candidates

- 1. Candidates will be allowed to enter the examination hall on production of Admit Card.
- 2. No candidate will be allowed to enter the examination centre 30 minutes after the commencement of the examination. Candidate will be allowed to leave the examination hall only after 2 hours of the commencement of the examinations.
- 3. Candidates shall sign the attendance sheet when directed by invigilator(s).
- 4. Candidates shall not be allowed to carry any textural material printed or written matter or bits of paper or any other material except the admit card inside the examination hall. Papers, cellular phones, Bluetooth devices or any electronic scanning/transmission device are prohibited in the examination hail.
- 5. Candidates who indulge in any misdemeanor shall be deemed as misbehavior and the defaulting candidates shall forfeit the right to continue in the examination hall. The decision of the Chief invigilator shall be final.
- 6. No candidate should leave his/her seat in the examination hall without the permission of the invigilator until he/she finally submits the answer booklet to the invigilator.
- 7. Candidate shall not leave any identification mark anywhere in the answer book, if any candidate put's any type of identification mark on the answer book, then it will be considered as use of unfair means and suitable action will be taken as per rules.



ATAL BIHARI VAJPAYEE MEDICAL UNIVERSITY UTTAR PRADESH, LUCKNOW

EXAMINATION FORM

Form No: (ABVMUUP Office)

COURSE NAME	BMLS	BMLS (Course Code: 102) 1 st Semester Exam					(Batch) 20								
(Bachelor's in Medical Laboratory Science)															
Name of College:							Col	lege	e Co	de					
Examination Center:															•
Examination Roll No	***************************************				white the					(No	it to be	filled	by саг	ndidate	9)
ABVMUUP Enrollment No (Student ID No.)															
Sir, It is requested to kindly allo 2021-22	w me to ap	pear in th	ne follow	/ing s	subje	ct of	the	univ	/ersi	ty ex	camir	natio	n for	the	year ¬
		(Fo	or Office	Use)										
01. Basic Computer & informa	tion Science	e	ALL	OWE)/ NS	NSU FRESH PF					Colored Photograph				
02. English Communication and soft skills				ALLOWED/ NSU FRESH PF			F	Not less than 3.5 cm x 4.00 cm							
03. Introduction to Quality & Patient Safety				ALLOWED/ NSU FRESH			PI	테	Face Not less than 2 cm						
04. Medical Law and Ethics				ALLOWED/ NSU ALLOWED/ NSU			FRESH PF				No Spectacles or Glass				
05. Basic Preventive Medicine and	I Community	Health care		OWE!				ESH	PI PI	\neg ı		Ψ.,	200		
06. Environment Science			7	O	J, 110		1 18			<u>'</u>					_
1. Name of Candidate [First Na	me, Middle N	ame, Last Na	ame](In En	glish):	(In CA	APITAI	LS)*	Do п	ot wri	te Mr	/Ms				
		. [<u></u>											
2. Father's Name: [First Name, Middle Name, Last Name](In English): (In CAPITALS) * Do not write Mr/Shri															
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h.,,,,									,	1					
3. Mother's Name: [First Name,	Middle Name	, Last Name]	(In English): (ln	CAPIT	ALS)	* Do ı	not w	rite M	irs/Sr	nt 		1		·
										<u> </u>			<u> </u>		
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Date (DD/MM/YYYY):			•							•((Sign:	ature	of th	e Stu	dent)
Certified that the Photograph,	signature a	and studer	nt record	<u>hav</u> e	beer	n che	cked	by c	colleg	ge ar	nd is	corre	<u>ct</u>		
The student is allowed to app															
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Name of the Principal (Seal & Signature of the Principal)

(Counter Signature of Dean-ABVMUUP) (Medical/Dental/Nursing/Paramedical)



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Corm No.

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	ENROLLIVIENT FOR	(ABVM	MUUP Office)
COURSE NAME	BMLS (Course Code: 102) YEAR O (B.Sc. Medical Laboratory Science		Y) 20 - 20
Name of College:		College Code	
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Student Registration No. give	en by College:		Photograph Not less than 3.5 cm x 4.00 cm Face Not less than 2 cm
ABVMUUP Enrollment No (Student ID No.)			No Spectacles or Glass
*Example :- Do NOT Prefer Mr /Mrs / Mis	es	,	
·	, Middle Name, Last Name](In English): (In CAPI	FALS) * Do not write Mr/l	vis
7			
2. Father's Name: [First Name, Middle	e Name, Last Name](In English): (In CAPITALS)	* Do not write Mr/Shri	
2 Method's Name (F. 14))	
3. Mother's Name: [First Name, Midd	lle Name, Last Name](In English): (In CAPITALS) Do not write Wrs/Smt	
4. Gender: (Male/Female/Other)	5. Date of Birth (DD/MM/YYYY) 6. [Date of Admission to	above course (DD/MM/YYY)
7.0.1		0 0tt No	(3.4 - bile)
7. Category (UR/OBC/SC/ST) 8.	Religion	9. Contact No	(Mobile)
		+91	
10. Email ID (Please write very cle	early in CAPITAL letters only)		
11. Permanent Address		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
11. District	12. State	13.	Pin Code
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14. Aadhaar No	15. Name of Sele	ection Board Qualifyir	ig Exam (eg CET, etc)
16. Roll No of the Qualifying Examina	tion		
Date (DD/MM/YYYY):		(5	Signature of the Student)

Certified that the Photograph, signature and student record have been checked by college and is correct

Name of the Principal (Seal & Signature of the Principal)

(Counter Signature of Dean-ABVMUUP) (Medical/Dental/Nursing/Paramedical)