

### ATAL BIHARI VAJPAYEE MEDICAL UNIVERSITY UTTAR PRADESH, LUCKNOW

		Serial No: (ABVMUUP Office)						
	(Course Code: 105) 1 <sup>st</sup> Semester Exam dical Radiological Imaging Techniques)	Batch 20						
Name of College:	College Code							
Examination Center:								
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						
*Example :- Do NOT Prefer Mr /Mrs / Miss  1. Name of Candidate [First Name, Middle Na	me, Łast Name](In English): ( In CAPITALS )* Do not write	Signature of the Student)						
2. Father's Name: [First Name, Middle Name, I	ast Name](In English): ( In CAPITALS ) * Do not write Mr/	Shri						
3. Mother's Name: [First Name, Middle Name,	Last Name](In English): ( In CAPITALS ) * Do not write Mr	s/Smt						

#### (Is being permitted in the following Subjects)

1. General Anatomy – I 2. General Physiology – I 3. Basic in Computer & Information Science 4. Introduction to Quality and Patient Safety 5. Applied Physics 6. Image Acquisition, Processing & Archieving

(Seal & Signature of the Principal)

#### 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 hall.
- 5. Candidates who include 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

	Form No: (ABVMUUP Office)							
COURSE NAMEBMRIT (Course Code: 105) YEAR OF ADMISS	SION (YYYY) 20 20							
(B.Sc. Medical Radiological Imaging Techniques)								
Name of College: College Code								
Student Registration No. given by College:	Photograph Not less than 3.5 cm x 4.00 cm							
ABVMUUP Enrollment No (Student ID No.)	Face Not less than 2 cm No Spectacles or Glass							
1. Name of Candidate [First Name, Middle Name, Last Name](In English): (In CAPITALS) * Do not write	Mr/Ms							
2. Father's Name: [First Name, Middle Name, Last Name](In English): (In CAPITALS) * Do not write Mr/Sh	ri							
2. Mathada Naray III. All July No. 14 April 10 A	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \							
3. Mother's Name: [First Name, Middle Name, Last Name](In English): (In CAPITALS) * Do not write Mrs/S	omt							
4. Gender: (Male/Female/Other) 5. Date of Birth (DD/MM/YYYY) 6. Date of Admission	to above course (DD/MM/YYY)							
7. Category (UR/OBC/SC/ST) 8. Religion 9. Contact	No (Mobile)							
+91								
10. Email ID ( Please write very clearly in CAPITAL letters only)								
11. Permanent Address								
11. District 12. State 13	3. Pin Code							
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14. Aadhaar No 15. Name of Selection Board Quali	fying Exam (eg CET, etc)							
16. Roll No of the Qualifying Examination								
Date (DD/MM/YYYY):	(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)



# ATAL BIHARI VAJPAYEE MEDICAL UNIVERSITY UTTAR PRADESH, LUCKNOW

### **EXAMINATION FORM**

Form No: (ABVMUUP Office)

EXAMINATION OF BMRIT (Course Code: 105) 1 <sup>st</sup> Semester Exam Batch 2020  (B.Sc. Medical Radiological Imaging Techniques)																	
Name of College:						_		Col	lege	Co	de						
Examination Center:									_								
Examination Roll No										(Not to be filled by candida					ndidat	e)	
ABVMUUP Enrollment No (Student ID No.)																	
Sir, It is requested to kindly allow m 2021-22	e to app	ear in t	he fo	ollow	ing s	subje	ct of	fthe	univ	ersit	у ех	amiı	natio	n for	the	year	
		(F	or O	ffice	Use)												
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02. General Physiology –I		ALLO	OWE	D/ NSI	u T	FRE	SH	PF	Ī								
03. Basic in Computer & Information	Science				FRE	т	PF	_			Colored Photograph Not less						
04. Introduction to Quality and Patien	t Safety	ALLO	ALLOWED/ NSU			FRE	SH	PF	Ī			than 3.5 cm x 4.00 cm Face Not less					
05. Applied Physics		ALLO	OWE	D/ NS	IJ	FRE	SH	PF				than 2 cm No Spectacles or					
06. Image Acquisition, Processing & Arch	ieving	ALLOWED/ NSU FRESH PF			Glass												
*Example :- Do NOT Prefer Mr /Mrs / Mis	s				•						L		<u>.</u>			<b>.</b>	
Name of Candidate [First Name, I	Middle Nam	ne, Last N	lame](	In Eng	lish):	(In C/	APITA	LS)*	Do no	t writ	e Mr	Ms ·	1	1	ı		
							,									-	
2. Father's Name: [First Name, Middl	e Name, La	ast Name	](In Er	nglish):	( In C	APITA	ALS )	* Do n	ot wri	te Mr.	/Shri						
													T				
3. Mother's Name: [First Name, Midd	le Mare I	act Name	illin E	nalish)	·/ ln (	^	۱۶۱۵	* Do	not wr	ito M	re/Sm	nt		J	L	.LL	
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					-							.L	.L				
Date (DD/MM/YYY):											(	Sign	ature	of th	e Stu	dent)	
Certified that the Photograph, signature and student record have been checked by college and is correct																	
The student is allowed to appear in the examination as indicated above.																	