

## ATAL BIHARI VAJPAYEE MEDICAL UNIVERSITY UTTAR PRADESH, LUCKNOW

	ADMIT CARD	Serial No: (ABVMUUP Office)
	MMLSMM (Course Code: 208) 3 <sup>rd</sup> Semester Exam aster in Medical Laboratory Sciences For Medical Microbio	Batch
Name of College:	College Code	
Examination Center:		
Examination Roll No		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

## \*Example :- Do NOT Prefer Mr /Mrs / Miss

### 1. Name of Candidate [First Name, Middle Name, Last Name](In English): (In CAPITALS) \* Do not write Mr/Ms

2.	Fath	er's l	Name	: [Firs	st Nai	me, N	liddle	e Nan	ne, La	ıst Na	ime](l	In En	glish)	: ( In	CAP	ITAL	<u>S)</u> *	Do n	ot w	rite N	1r/Sh	ri	
[																							
3.	Mot	her's	Nam	e: [Fi	rst Na	ame, l	Midd	le Na	me, L	ast N	ame]	(In Ei	nglish	ı): ( Ir	ı CAl	PITA	LS ) *	* Do	not w	vrite 1	Mrs/S	Smt	
[																							

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

1. Applied Bacteriology-II 2. Advance in Medical Microbiology 3. Medical Mycology 4. Medical Virology

(Seal & Signature of the Principal)

Signature of the Student)

#### **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 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)

EXAMINATION OF	MMLSMN	I (Course Code:	208 ) 3 <sup>rd</sup> Semester Exam	Batch
(M	laster in Medical	Laboratory Scie	ences For Medical Microbi	ology)
(Master in Medical Laboratory Sciences For Medical Microbiology) Name of College: College Code Examination Center:				
Examination Center:				
Examination Roll No				(Not to be filled by candidate)
ABVMUUP Enrollment No (Student ID No.)				

Sir,

It is requested to kindly allow me to appear in the following subject of the university examination for the year 2022-23

(For Office Use)

- 01. Applied Bacteriology-II
- 02. Advance in Medical Microbiology
- 03. Medical Mycology
- 04. Medical Virology

# ALLOWED/ NSUFRESHPFALLOWED/ NSUFRESHPFALLOWED/ NSUFRESHPF

FRESH

PF

ALLOWED/ NSU

Colored Photograph Not less than 3.5 cm x 4.00 cm Face Not less than 2 cm No Spectacles or Glass

## \*Example :- Do NOT Prefer Mr /Mrs / Miss

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/Shri

3. Mother's Name: [First Name, Middle Name, Last Name](In English): (In CAPITALS) \* Do not write Mrs/Smt

Date (DD/MM/YYYY): \_\_\_\_

## (Signature of the Student)

<u>Certified that the Photograph, signature and student record have been checked by college and is correct</u> <u>The student is allowed to appear in the examination as indicated above.</u>

> <u>Name of the Principal</u> (Seal & Signature of the Principal)

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