

ATAL BIHARI VAJPAYEE MEDICAL UNIVERSITY UTTAR PRADESH, LUCKNOW

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OUDSE NAME	M. Optom (Course Code:) 3 rd Semester Exam	Batch
OURSE NAME	(Master Of Optometry)	Datcii
ame of College:	College Code	e
camination Center:		
camination Roll No		Photograph Not less than 3.5 cm x 4.00
BVMUUP Enrollment No Student ID No.)		Face Not less than 2 cm No Spectacles or Glass
_	s / Miss ne, Middle Name, Last Name](In English): (In CAPITALS) * Do not write M	Signature of the Stude
Name of Candidate [First Nam	ne, Middle Name, Last Name](In English): (In CAPITALS) * Do not write M	r/Ms
Name of Candidate [First Nam		r/Ms
Name of Candidate [First Name Father's Name: [First Name, Manage Father's Name Father's	ne, Middle Name, Last Name](In English): (In CAPITALS) * Do not write M Indulation of the property of the	r/Ms
Father's Name: [First Name, M	ne, Middle Name, Last Name](In English): (In CAPITALS) * Do not write M	r/Ms

- 1. Candidates will be allowed to enter the examination hall on production of Admit Card.
- 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.
- Candidates shall sign the attendance sheet when directed by invigilator(s).
- 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.
- 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.
- 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.
- 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.



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EXAMINATION FORM

Form No: (ABVMUUP Office)

	(Ma	ster Of Opt	ometry)								
Name of College:				Colleg	ge Code						
Examination Center:									I		
Examination Roll No				Not to b	to be filled by candidate)						
ABVMUUP Enrollment No (Student ID No.)											
Sir,											
It is requested to kindly allow n	ne to appear in the	following s	ubject of the	university	examinat	ion fo	r the	year	202	22-23	3
	(For C	Office Use)									
01. Advanced Contact lens -II	ALLO	ALLOWED/ NSU FRESH				Co	lored			aph	
02. Low vision care and rehabili	ALLC	WED/ NSU	l PF		thar	า 3.5		4.00			
03. Vision Therapy	ALLO	ALLOWED/ NSU FRESH				Face Not less than 2 cm No Spectacles or Glass					
Example :- Do NOT Prefer Mr /Mrs / N	Aiss										
1. Name of Candidate [First Name,	Middle Name, Last Na	me](In English)	: (In CAPITAL	S)* Do not w	rite Mr/Ms						
											<u> </u>
2. Father's Name: [First Name, Mid	dle Name, Last Name](l	n English): (In	CAPITALS)*	Do not write	Mr/Shri						
2. Tather 5 Name, prist Name, who											
2. Tather straine, prior traine, prior											
3. Mother's Name: [First Name, Mi	ddle Name, Last Name]	(In English): (I	n CAPITALS)	* Do not write	Mrs/Smt						
	ddle Name, Last Name]	(In English): (1	(n CAPITALS)	* Do not write	Mrs/Smt						
	ddle Name, Last Name]	(In English): (1	n CAPITALS)	* Do not write	Mrs/Smt						

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

The student is allowed to appear in the examination as indicated above.

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