

ATAL BIHARI VAJPAYEE MEDICAL UNIVERSITY UTTAR PRADESH, LUCKNOW

	ADMIT CARD	(ABVMUUP Office)			
COURSE NAME	M.O.T (Course Code: 207) 3 rd Semester Ex				
	(Master of Occupational Therapy))			
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 1. Name of Candidate [First Nam	/ Miss e, Middle Name, Last Name](In English): (In CAPITALS) * Do n		Signature of the Student)		
2. Father's Name: [First Name, M	iddle Name, Last Name](In English): (In CAPITALS) * Do not w	rite Mr/Shri			
	fiddle Name, Last Name](In English): (In CAPITALS) * Do not v				
Neurology- I	(Is being permitted in the following Subjection anagement And Administration 3. Occupational The	rapy in Orthopedic- (Seal &	& Signature of the Principal)		

Instructions to Candidates

- . 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.



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	EXAMINATIO	N FORM	I FORM			Form No: (ABVMUUP Office)			
XAMINATION OF M.O.T (Course Code: 207) 3 rd Semester Exam				Batch					
	(Master of Occu	pational Therapy)							
Name of College:		(College Code						
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	e to appear in the following	subject of the unive	rsity examina	tion for th	ne year 20)22-23			
	(For Office Use)								
01. Teaching Methodology	ALLOWED/ NSU	FRESH	PF	Colored Photograph					
Management And AdministraOccupational Therapy in Orth	ALLOWED/ NSU FRESH		PF Not less than 3.5 cm x 4.00 c						
Neurology- I	ALLOWED/ NSU	FRESH	PF	Face Not less than 2 cm No Spectacles or Glass					
*Example :- Do NOT Prefer Mr									
1. Name of Candidate [First Nam	e, Middle Name, Last Name](In English): (In CA	PITALS) * D	o not write	e Mr/Ms				
2. Father's Name: [First Name, M	Iiddle Name, Last Name](In	English): (In CAPIT	ALS)* Do no	ot write M	r/Shri				
3. Mother's Name: [First Name, I	Middle Name. Last Namel(Ir	n English): (In CAPI)	ΓALS) * Do n	ot write N	Irs/Smt				
Date (DD/MM/YYYY):				(Signature	e of the S	tudent)			

<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>