

## ATAL BIHARI VAJPAYEE MEDICAL UNIVERSITY UTTAR PRADESH, LUCKNOW

	ADMIT CARD	Serial No: (ABVMUUP Office)
COURSE NAME	MOTT (Course Code: 200 ) 3 <sup>rd</sup> Semester Exam	Batch
	(M.Sc in Operationa Theatre Technology)	
Name of College:	College	e 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
	Middle Name, Last Name](In English): ( In CAPITALS ) * <b>Do not</b>	
2. Father's Name: [First Name, Midd	lle Name, Last Name](In English): ( In CAPITALS ) * <b>Do not write</b>	e Mr/Shri
3. Mother's Name: [First Name, Mid	dle Name, Last Name](In English): ( In CAPITALS ) * <b>Do not wri</b> t	te Mrs/Smt
	(Is being permitted in the following Subject e Procedure and Techniques 3. Perioperative Anestheter	
Anesthesia Equipment 2. Basic Surgeries		

## 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.



## ATAL BIHARI VAJPAYEE MEDICAL UNIVERSITY UTTAR PRADESH, LUCKNOW

## **EXAMINATION FORM**

Form No: (ABVMUUP Office)

EXAMINATION OF MOTT (Course Code: 200) 3rd Semester Exam  (M.Sc in Operation Theatre Technology)																								
Name of College:					Opei	cration ineatre reem					College Code													
Examination	Center:																							
Examination Roll No															(Not to be filled by candidate)									
ABVMUUP Enrollment No (Student ID No.)																								
Sir,																								
It is requested	l to kindly	allov	w me	e to a	ppea	ır in	the f	ollov	ving	subje	ct of t	he ur	ivers	sity e	xami	nati	on f	or t	he y	ear	202	22-2	23	
	(For Office Use)																							
01. Anesthesia Equipment						ALLOWED/ NSU FRE					FRESH PF					Colored Photograph Not less					oh			
<ul><li>02. Basic Procedure and Techniques</li><li>03. Perioperative Anesthetic Care And Preparations</li></ul>						ALLOWED/ NSU					FRESH PF						n 3.5 Fac	cm e N	x 4 lot le	SS	cm			
04 Advanced Surgeries					Allowed/ NUS					FRESH PF					than 2 cm No Spectacles or Glass					r				
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*Example :- Do N	NOT Prefer	Mr /M	rs / M	Iiss																				
1. Name of C	andidate [I	First Na	ime, N	Middle	e Name	e, Last	t Name	e](In E	English	n): ( In	CAPIT.	ALS)	* Do n	ot wri	te Mr/	Ms							1	
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2. Father's Na	ame: [First ]	Name, l	Middl	le Nan	ne, Las	st Nan	ne](In	Englis	sh): ( I	n CAP	ITALS	) * <b>Do</b>	not wi	rite M	r/Shri								ĺ	$\neg$
3. Mother's N	Jame: [First	Name,	, Mido	dle Na	me, L	ast Na	me](Iı	n Engl	ish): (	In CAl	PITALS	S)* <b>D</b> o	not v	vrite N	1rs/Sn	nt	1	1		1			1	
Date (DD/MM/Y	(YYY):			-											(Si	gnat	ure (	of th	e Stu	ıden	ıt)			
Certified that t	he Photog	raph,	sign	ature	e and	! stud	ent r	ecora	l hav	e beer	ı chec	ked b	y coll	ege a	nd is	cor	<u>rect</u>							
The student is	allowed to	appe	ar in	the	exam	inati	on as	s indi	cateo	l abov	<u>e.</u>													

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

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