

ATAL BIHARI VAJPAYEE MEDICAL UNIVERSITY UTTAR PRADESH, LUCKNOW

| | ADMIT CARD | Serial No: (ABVMUUP Office) | | | | | | |
|---|--|--|--|--|--|--|--|--|
| COURSE NAME | BASLP (Course Code:103) 3st Semester Exam | Batch | | | | | | |
| | (Bachelor In Audiology & Speech Language Patho | ology) | | | | | | |
| Name of College: | College Co | ode | | | | | | |
| Examination Center: _ | | _ | | | | | | |
| Examination Roll No ABVMUUP Enrollment No (Student ID No.) | | 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 / 1. Name of Candidate [First | Mrs / Miss st Name, Middle Name, Last Name](In English): (In CAPITALS) * Do not v | Signature of the Student) write Mr/Ms | | | | | | |
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| 2. Father's Name: [First Name] | me, Middle Name, Last Name](In English): (In CAPITALS) * Do not write | Mr/Shri | | | | | | |
| 3. Mother's Name: [First Na | me, Middle Name, Last Name](In English): (In CAPITALS) * Do not write | Mrs/Smt | | | | | | |
| | | | | | | | | |
| | (Is being permitted in the following Subjects) ers 2.Speech Sound Disorders 3.Diagnostic Audiology – Bound Speech Language Pathology 6. Clinicals in Audiology | ehavioral Tests 4.Amplification (Seal & Signature of the Principal) | | | | | | |
| | Instructions to Candidates | | | | | | | |

- 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).
- 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.
- 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)

| (Bachelor In Audiology & Speech Language Pathology) Name of College: Examination Center: Examination Roll No 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 yea 2022-23 (For Office Use) 1. Voice and its Disorders 22. Speech Sound Disorders 32. Diagnostic Audiology — Behavioral Tests 34. LLOWED/ NSU FRESH PF 35. Diagnostic Audiology — Behavioral Tests 36. ALLOWED/ NSU FRESH PF 37. ALLOWED/ NSU FRESH PF 38. ALLOWED/ NSU FRESH PF 39. Diagnostic Audiology — Behavioral Tests 39. Linicals in Speech Language Pathology ALLOWED/ NSU FRESH PF 40. Amplification Devices 40. Clinicals in Audiology 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/Shri 29. Father's Name: (First Name, Middle Name, Last Name)(In English): (In CAPITALS) * Do not write Mrs/Smt Date (DDMM/YYYY): (Signature of the Studen) Colored Photograph Not less than 2.5 cm x 4.0 cm FRESH PF Octobre Photograph Not less than 2.5 cm x 4.0 cm FRESH PF Octobre Photograph Not less than 2.5 cm x 4.0 cm FRESH PF Octobre Photograph Not less than 2.5 cm x 4.0 cm FRESH PF Octobre Photograph Not less than 2.5 cm x 4.0 cm FRESH PF Octobre Photograph Not less than 2.5 cm x 4.0 cm FRESH PF Octobre Photograph Not less than 2.5 cm x 4.0 cm FRESH PF Octobre Photograph Not less than 2.5 cm x 4.0 cm FRESH PF Octobre Photograph Not less than 2.5 cm x 4.0 cm FRESH PF Octobre Photograph Not less than 2.5 cm x 4.0 cm FRESH PF Octobre Photograph Not less than 2.5 cm x 4.0 cm FRESH PF Octobre Photograph Not less than 2.5 cm x 4.0 cm FRESH PF Octobre Photograph Not less than 2.5 cm x 4.0 cm FRESH PF Octobre Photograph Not less than 2.5 cm x 4.0 cm FRESH PF Octobre Photograph Not less than 2.5 cm x 4.0 cm FRESH PF Octobre Photograph Not less than 2.5 cm x 4.0 cm FRESH PF Octobre Photograph Not less than 2.5 cm x 4.0 cm FRESH PF Octobre Photograph Not less than 2.5 cm x 4.0 c | ΕX | (AN | 1INA | TIO | N OF | = | | B/ | ASLF |) (Co | urse | e Cod | de: 1 | 03) | 3 st S | Ser | nes | ster | Exa | am | В | atc | h. | | | | |
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| Examination Roll No 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 yea 2022-23 (For Office Use) 91. Voice and its Disorders 92. Speech Sound Disorders 93. Diagnostic Audiology – Behavioral Tests 94. Amplification Devices 95. Clinicals in Speech Language Pathology 96. Clinicals in Audiology Example: Do NOT Prefer Mr /Mrs / Miss 17. Name of Candidate [First Name, Middle Name, Last Name](In English): (In CAPITALS)* Do not write Mr/Shri 18. Mother's Name: [First Name, Middle Name, Last Name](In English): (In CAPITALS)* Do not write Mr/Shri 19. ALLOWED/ NSU FRESH PF ALLOWED/ NSU FRESH PF ALLOWED/ NSU FRESH PF ALLOWED/ NSU FRESH PF Ob Not Prefer Mr /Mrs / Miss 19. Father's Name: [First Name, Middle Name, Last Name](In English): (In CAPITALS)* Do not write Mr/Shri 19. Father's Name: [First Name, Middle Name, Last Name](In English): (In CAPITALS)* Do not write Mr/Shri 19. Father's Name: [First Name, Middle Name, Last Name](In English): (In CAPITALS)* Do not write Mr/Shri 19. Gignature of the Studen | Name of College: | | | | | | | | | | | | College Code | | | | | | | | | | | | | | |
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| 04. Amplification Devices O5. Clinicals in Speech Language Pathology ALLOWED/ NSU FRESH PF O6. Clinicals in Audiology 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 Studen) | | | | | | | | | ALLOWED/ NSU F | | | | | | RESH PF | | | | Face Not less than 2 cm | | | | | | | | |
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| Date (DD/MM/YYYY): (Signature of the Student | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 3. | Мо | ther' | s Naı | me: [F | First N | ame, I | Viiddle | Name | e, Last | Name | e](In E | nglish |): (ln | CAPIT | AL | S)* | Do r | not w | rite | Mrs/ | Smt | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 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. | <u>C</u> ε | ertific | ed th | at the | e Pho | otogra | aph, . | signa | | | | | | | | | | :ked | by (| colle | ege | | _ | | | e Stu | dent) |

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

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