

# ATAL BIHARI VAJPAYEE MEDICAL UNIVERSITY UTTAR PRADESH, LUCKNOW

## **ADMIT CARD**

Serial No: (ABVMUUP Office)

COURSE NAME	BMLT (Course Code: 102) Y	EAR OF EXAMINATIO	<b>ON (</b> YYYY) 2021
Name of College: Examination Center:		College Code	
Examination Roll No			Photograph Not less than 3.5 cm x 4.00
ABVMUUP Enrollment No (Student ID No.)			cm Face Not less than 2 cm No Spectacles or Glass

### Signature of the Student)

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

2.	Fath	ner's	Nam	e: [Fi	rst Na	me, M	iddle I	Name,	Last	Name]	(In Er	nglish)	: ( In C	CAPIT	ALS)	* Do n	ot writ	te Mr/S	Shri			
3.	Mot	her's	Nam	1e: [F	irst Na	ame, N	/liddle	Name	, Last	Name	e](In E	nglish	): ( In	CAPIT	ALS )	* Do i	not wr	ite Mrs	s/Smt			

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

1. General Pathology &	2. Hematology	3. Fundamentals of Anatomy&
General Microbiology		Physiology
4. Basic of Biochemistry, Clinic	al Pathology, Instruments & Reagent	S

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

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## 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

	ENROLLMENT F	Form No: (ABVMUUP Office)
COURSE NAMEBMLT	YEAR OF ADMISSION (YYYY) 2020	
Name of College:	College Code	
Student Registration No. given by (If Applicable)	College:	Photograph Not less than 3.5 cm x 4.00
ABVMUUP Enrollment No (Student ID No.)		Cm Face Not less than 2 cm No Spectacles or Glass
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 CAPI]	[ALS ) * Do not write Mr/Shri
3. Mother's Name: [First Name, Middle Name	e, Last Name](In English): ( In CAPI	TALS )* Do not write Mrs/Smt
<ul> <li>4. Gender: (Male/Female/Other) 5. Da</li> <li>7. Category (UR/OBC/SC/ST) 8. Relig</li> </ul>		6. Date of Admission to above course (DD/MM/YYY) 9. Contact No (Mobile) +91
10. Email ID ( Please write very clearly ir	n CAPITAL letters only)	
11. Permanent Address		
11. District	12. State	13. Pin Code
14. Aadhaar No	15. Name of	Selection Board Qualifying Exam (eg CET, etc)
16. Roll No of the Qualifying Examination		
Date (DD/MM/YYYY):		(Signature of the Student)
Certified that the Photograph, signature a	and student record have bee	n checked by college and is correct

(Seal & Signature of the Principal)



# ATAL BIHARI VAJPAYEE MEDICAL UNIVERSITY UTTAR PRADESH, LUCKNOW

# **EXAMINATION FORM**

Form No: (ABVMUUP Office)

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X	aminati	ion Center:																					
Xa	minatio	mination Roll No													(N	Not to be filled by candidat			ite)				
	Student ID No.)																						
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	General Pa				ALLOWED/ NSU					RESH	ł	PF											
								ALLOWED/ NSU					FRESH PF										
			ument	s & Re	agents	ALLOWED/ NSU					FRESH PE				Colored Photograph Not less								
	Basic of Bi	57, 1100	ument		agents	ALLOWED/ NSU ALLOWED/ NSU					FRESH PF				than 3.5 cm x 4.00 cm Face Not less								
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	amination Roll No  SVMUUP Enrollment No  Student ID No.)  S requested to kindly a 20-21  General Pathology & General Mi Hematology Fundamentals of Anatomy& Phy Basic of Biochemistry, Clinical P  Name of Candidate [First Amage			-	ame.	Last	A	LLOV	VED/ VED/	NSU NSU	F	RESH	1	PF PF	e Mr	N	o Spec	tacle					
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5. 5. 7.	Name of	f Candidate [F	First Nan	ne, Mic	- Idle N			Al Al Name]	LLOV LLOV (In En	VED/ VED/ glish):	NSU NSU (In CA	PITA	RESH	l Do n	PF PF ot writ		N	o Spec	tacle				
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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>

(Seal & Signature of the Principal)

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