

### ATAL BIHARI VAJPAYEE MEDICAL UNIVERSITY UTTAR PRADESH, LUCKNOW

	ADI	Serial No: (ABVMUUP Office)							
COURSE NAME	BMRIT (Course Co	de:110 ) 2 <sup>st</sup> Sem	nester Exam	Batch	. 20				
(	Bachelor of Medical R	adiology Imagi	ng Technolog	y)					
Name of College:			College Code						
Examination Center:									
Examination Roll No					Photograph N than 3.5 cm				
ABVMUUP Enrollment No (Student ID No.)					Face Not less cm No Spectacl Glass				
*Example :- Do NOT Prefer Mr /Mrs  1. Name of Candidate [First Name of Candidate   First Name of		n English): ( In CAPIT	AIS)* Do not write	a Mr/Ms					
1. Name of Candidate [First Na	ime, Middle Name, Last Namej(i	n English). (In CAPIT	ALS ) DO NOT WITE	; IVIT/IVIS					
2. Father's Name: [First Name,		glish): ( In CAPITALS )	) * Do not write Mr/	Shri					
3. Mother's Name: [First Name,	Middle Name, Last Name](In Er	glish): ( In CAPITALS	) * Do not write Mrs	s/Smt					
	(Is being permitted	d in the following	subjects)						
1. General Anatomy- II 2.Ge	eneral Physiology-II 3. Ba	sic Physics Includ	ding Radiologica	l Physics					
4.Conventional Radiography	and Equipment 5 Medical	Ethics and Legal	Aspects 6 Enviro	onmental S	cience				
			(S	eal & Signa	ture of the	Principa			

#### **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

#### **EXAMINATION FORM**

Form No: (ABVMUUP Office)

CC	COURSE NAME BMRIT (Course Code:110) 2 <sup>st</sup> Semester Exam Batch 20  (Bachelor of Medical Radiology Imaging Technology)																								
Name of College:																	Со	lleg	e Co	de					
Ex	ami	inati	ion (	Cent	er: _																				
Examination Roll No																		e filled	filled by candidate)						
ABVMUUP Enrollment No (Student ID No.)																									
It is	Sir, It is requested to kindly allow me to appear in the following subject of the university examination for the year 2021-22																								
	(For Office Use)																								
01.	oı. General Anatomy- II								ALLOWED/ NSU FRESH						SH	PF				Colored Photograph Not less					
02.	2. General Physiology-II								ALLOWED/ NSU FRE					FRE	SH	PF than 3.5 cm x 4.00 cr									
03. Basic Physics Including Radiological						l	ALLOWED/ NSU FRESH						PF than 2 cm No Spectacles or												
	Ph	ysics	;																				ass		
04.	Со	nver	tiona	al Ra	diogr	aphy	and			ALLOWED/ NSU FRESH						SH	PF								
	Eq	uipm	ent							<u> </u>								_							
05.	Me	dica	l Eth	ics ar	nd Le	gal A	spec	cts		ALLOWED/ NSU FRESH							PF								
06. Environmental Science							ALLOWED/ NSU FRESH							PF											
	*Example :- Do NOT Prefer Mr /Mrs / Miss																								
1.	1. Name of Candidate [First Name, Middle Nam										ne, Last Name](In English): ( In CAPIT						LS ) *	Do n	ot wri	ite Mr	/Ms	1	1		
											_													<u> </u>	
L																									
2. Father's Name: [First Name, Middle Name, Last N								st Namel(In English): ( In CAPITALS )						LS)	* Do ı	not w	rite Mı	r/Shri							
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3.	Mot	her's	Nar	ne: [F	irst Na	ame, N	/liddle	Name	e, Last	Nam	e](In I	Englis	sh): (	In CA	APIT/	ALS)	* Do	not w	rite M	Irs/Sn	nt			.I	
Dat	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>

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

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

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



# ATAL BIHARI VAJPAYEE MEDICAL UNIVERSITY UTTAR PRADESH, LUCKNOW

						ENROLLMENT FORM											Form No: (ABVMUUP Office)								
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<b>Student</b> (If Applicable		strati	ion N	No. g	jiver 	by	Colle	ege:										_			า 3.5	oh No cm x m	t less 4.00		
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*Example :-	Do NO	T Pref	er Mr	/Mrs /	Miss																				
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		<u> </u>								<u> </u>				<u> </u>					丄						
2. Father	s Nan	ne: [F	irst Na	ıme, M	liddle	Name,	Last N	Name]	(In E	nglish) T	): ( ln ( T	CAPITA	ALS)	* Do	not v	vrite	Mr/Shi	ri							
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3. Mother	s war	ne: [F	Irst Na	ame, N	/lidale	Name	, Last	Name	ej(in E	nglish	): ( In	CAPIT	ALS )	) ^ Do	not	write	Mrs/S	mt	_		$\overline{}$				
4. Gende	r: (Ma	le/Fe	male	/Othe	er) 5	. Da	te of	Birth	(DD	/MM/Y	YYY)		6. D	ate	of A	dmis	ssion	to ab	ove	ou:	ırse	(DD/I	MM/YYY		
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7. Catego	ry (UR/	OBC/S	SC/ST	)	8.	Religi	on						_		9.	Cor	ntact l	No (N	Иob	ile)			_		
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11. Perma	anent /	Addre	ess																						
11. Distric	t							12.	Sta	ate							13	s. Pi	in C	ode					
14. Aadha	ar No								7	15.	Nam	ne of	Sele	ctior	Во	ard (	Qualif	ying	Exa	am (e	g CE	T, etc	c)		
16. Roll No	of the	Quali	fying	Exam	inatio	on			J												<u> </u>				
Date (DD/N	ЛМ/ҮҮҮ	(Y): _																(Sig	ınatı	ure o	of the	e Stu	dent)		

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

Certified that the Photograph, signature and student record have been checked by college and is correct