

ATAL BIHARI VAJPAYEE MEDICAL UNIVERSITY UTTAR PRADESH, LUCKNOW

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	ADMIT CARD	(/	ABVMUUP Office)
COURSE NAME	BOT (Course Code: 107) 1st Sem		Batch(YYYY) 20
	(Bachelor of Occupational	Therapy)	
Name of College:		College 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
*Example :- Do NOT Prefer Mr /Mrs / 1. Name of Candidate [First Name of Candidate First Name	ne, Middle Name, Last Name](In English): (In CAI	PITALS) * Do not write	Mr/Ms
2. Father's Name: [First Name, N	iddle Name, Last Name](In English): (In CAPITAI	_S) * Do not write Mr/S	hri
Mother's Name: [First Name, N	//iddle Name, Last Name](In English): (In CAPITA	LS) * Do not write Mrs/	/Smt
	(Is being permitted in the follow	ing Subjects)	
4. I I	Annihad Anatomy) O. Human Dhysiala		liad Dharialana
• • •	Applied Anatomy) 2. Human Physiolomental OT- I 5. Health Psycholomental States and State		ilea Physiology)
5. Diochemistry 4. Funda	mental O1-1 5. Health Esycholo	уду	
		(Se	al & Signature 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 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 OFBOT (Course Code: 1 (Bachelor o	07) 1 st Semester of Occupational Th		tch Year 2020
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 to appear in the 2021-22 (For	e following subject o	of the university exa	mination for the year
	ALLOWED/ NSU	FRESH PF	Colored Photograph
01. Human Anatomy I (Including Applied Anatomy)	ALLOWED/ NSU	FRESH PF	Not less than 3.5 cm x 4.00 cm
02. Human Physiology I (Including Applied Physiology)	ALLOWED/ NSU	FRESH PF	Face Not less than 2 cm
03. Biochemistry	ALLOWED/ NSU	FRESH PF	No Spectacles or Glass
04. Fundamental OT- I 05. Health Psychology	ALLOWED/ NSU	FRESH PF	Ciass
Example :- Do NOT Prefer Mr /Mrs / Miss 1. Name of Candidate [First Name, Middle Name, Last Name)	ne](In English): (In CAPIT	TALS) Do not write Mr/N	I s
2. Father's Name: [First Name, Middle Name, Last Name](Ir	n English): (In CAPITALS) * Do not write Mr/Shri	
3. Mother's Name: [First Name, Middle Name, Last Name](I	n English): (In CAPITALS	5) * Do not write Mrs/Smt	
Date (DD/MM/YYYY): Certified that the Photograph, signature and student		-	ignature of the Student)

Certified that the Photograph, signature and student record have been checked by college and is correc 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)
COURSE NAMEB	OT (Course Code: 107)	YEAR OF ADMISSION (Y	үүү) 20 - 20
	(Bachelor of Occupational TI	herapy)	
Name of College:		College Code	
Student Registration No. given	າ by 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
*Example :- Do NOT Prefer Mr /Mrs / M			I
Name of Candidate [First Name, Mi	liddle Name, Last Name](In English): (In CAPITALS) * D e	o not write Mr/Ms	
2. Father's Name: [First Name, Middle N	Name, Last Name](In English): (In CAPITALS) * Do not v	write Mr/Shri	
3. Mother's Name: [First Name, Middle N	Name, Last Name](In English): (In CAPITALS) * Do not	write Mrs/Smt	
4. Gender: (Male/Female/Other) 5. 7. Category (UR/OBC/SC/ST) 8. Re		Admission to above course (D	D/MM/YYY)
		+91	
10. Email ID (Please write very clear	rly in CAPITAL letters only)		
11. Permanent Address			
11. District	12. State	13. Pin Code	
14. Aadhaar No	15. Name of Select	tion Board Qualifying Exam (e	g CET, etc)
16. Roll No of the Qualifying Examination	ı		
Date (DD/MM/YYYY):		(Signature of the St	udent)

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

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