

## ATAL BIHARI VAJPAYEE MEDICAL UNIVERSITY UTTAR PRADESH, LUCKNOW

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|                     |     |                |       |        | ADMIT CARD        |        |         |                 |        |        |         |         |             |          | (ABVMUUP Office)     |               |          |         |         |      |        |                          |   |        |        |
|---------------------|-----|----------------|-------|--------|-------------------|--------|---------|-----------------|--------|--------|---------|---------|-------------|----------|----------------------|---------------|----------|---------|---------|------|--------|--------------------------|---|--------|--------|
| С                   | OUF | RSE            | NAN   | ИЕ     |                   |        | C1      | MRI             | (Co    | urse   | Co      | de10    | 6) <b>3</b> | rd S     | eme                  | ster          | Exa      | ım      | Ва      | tch  | Year   | ·                        |   |        |        |
|                     |     |                |       |        |                   |        |         |                 |        | (G     | radu    | ate     | Para        | med      | lical)               |               |          |         |         |      |        |                          |   |        |        |
| Name of College:    |     |                |       |        |                   |        |         | College Code    |        |        |         |         |             |          |                      | le            | e        |         |         |      |        |                          |   |        |        |
| E                   | xam | inat           | ion   | Cent   | ter: _            |        |         |                 |        |        |         |         |             |          |                      |               |          |         | _       |      |        |                          |   |        |        |
| Examination Roll No |     |                |       |        |                   |        |         |                 |        |        |         |         |             |          |                      |               | than 3.5 |         |         |      | 5 cm x | ph Not less<br>cm x 4.00 |   |        |        |
|                     |     | IUUP<br>ent ID |       | ollm   | ent N             | lo     |         |                 |        |        |         |         |             |          |                      |               |          |         |         |      |        | ce No<br>No Spe          | cm<br>et less t<br>cm<br>ectacle<br>Glass |        |        |
|                     |     |                |       |        | fer Mr<br>te [Fii |        |         |                 | lame,  | Last I | Name    | ](In En | glish)      | : ( In ( | CAPITA               | ALS)          | * Do ı   | not w   | rite Mı |      | ignat  | ure o                    | f the                                     | Stud   | ent)   |
| 2.                  | Fat | her's          | Nan   | ne: [F | irst Na           | ame, N | Middle  | Name            | , Last | Name   | e](In E | nglish  | ): ( In     | CAPI     | TALS)                | * Do          | not w    | rite N  | Ir/Shri | i    |        |                          |   |        | -<br>- |
| 3.                  | Мо  | ther's         | s Nai | me: [I | First N           | ame, l | Middle  | Name            | e, Las | t Nam  | e](In E | English | n): ( In    | CAP      | ITALS                | ) * <b>Do</b> | not v    | vrite I | Mrs/Sr  | nt   |        |                          | L<br>L                                    |        | ]      |
|                     |     |                |       | grap   | hy ar             | nd Po  | osition | ning-<br>ning-l | l 2.   | Mod    | dern    | radio   | logic       | al &     | <b>wing</b><br>Imagi | ng E          | quip     | ment    | (Seal   | & Si | gnatu  | ıre of                   | the F                                     | Princi | pal    |
|                     |     |                |       |        |                   |        |         |                 |        |        |         |         |             |          |                      |               |          |         |         |      |        |                          |   |        |        |

- 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.



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## **EXAMINATION FORM**

Form No: (ABVMUUP Office)

|  | (Gradi                    | uate Paramedical)           |                        |  |  |  |  |  |  |
|--|---------------------------|-----------------------------|------------------------|--|--|--|--|--|--|
| Name of College:   |                           |                             | College Code           |  |  |  |  |  |  |
| Examination Center:  |                           |                             |                        |  |  |  |  |  |  |
| Examination Roll No  |                           |                             | (Not                   | t to be filled by candidate)           |  |  |  |  |  |
| ABVMUUP Enrollment No (Student ID No.)                               |                           |                             |                        |  |  |  |  |  |  |
| Sir,   |                           |                             |                        |  |  |  |  |  |  |
| lt is requested to kindly allow r<br>2021-22                         |                           | following subject o         | f the university ex    | amination for the year                 |  |  |  |  |  |
| 01. Clinical Radiography and Positior                                | ning-l                    | ALLOWED/ NSU                | FRESH PF               |  |  |  |  |  |  |
| <ol> <li>Modern radiological &amp; Imaging Ec<br/>Physics</li> </ol> | quipment including        | ALLOWED/ NSU                | FRESH PF               | Colored Photograph Not less            |  |  |  |  |  |
| 03. Contrast & Special Radiography                                   | a nd Positioning-I        | ALLOWED/ NSU                | FRESH PF               | than 3.5 cm x 4.00 cm<br>Face Not less |  |  |  |  |  |
| *Example :- Do NOT Prefer Mr /Mrs / M                                | liss                      |                             |                        | than 2 cm<br>No Spectacles or<br>Glass |  |  |  |  |  |
| Name of Candidate [First Name.]                                      | , Middle Name, Last Name  | e](In English): ( In CAPITA | LS)* Do not write Mr/  | Ms                                     |  |  |  |  |  |
|  |                           |                             |                        |  |  |  |  |  |  |
|  |                           |                             |                        |  |  |  |  |  |  |
| 2. Father's Name: [First Name, Mide                                  | dle Name, Last Name](In E | English): ( In CAPITALS )   | * Do not write Mr/Shri |  |  |  |  |  |  |
| 2. Mathania Nama (5)   |                           | - "                         |                        |  |  |  |  |  |  |
| 3. Mother's Name: [First Name, Mid                                   | ddle Name, Last Namej(In  | English): (In CAPITALS)     | * Do not write Mrs/Sm  | t                                      |  |  |  |  |  |
|  |                           |                             |                        |  |  |  |  |  |  |
| <b>Date</b> (DD/MM/YYYY):  | _                         |                             | (Sig                   | nature of the Student)                 |  |  |  |  |  |
|  |                           |                             |                        | •                                      |  |  |  |  |  |

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

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