

ATAL BIHARI VAJPAYEE MEDICAL UNIVERSITY UTTAR PRADESH, LUCKNOW

	ADMIT CARD	Serial No: (ABVMUUP Office)			
COURSE NAME	BASLP (Course Code:103) 2 st Sem	lester Exam	Batch 20		
(В	achelor In Audiology & Speech Lar	nguage Patholo	gy)		
Name of College:		College Code			
Examination Center:					
Examination Roll No			Photograph Not less than 3.5 cm x 4.00 cm		
ABVMUUP Enrollment No (Student ID No.)			Face Not less than 2 cm No Spectacles or Glass		
			Signature of the Student)		

*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.	3. Mother's Name: [First Name, Middle Name, Last Name](In English): (In CAPITALS) * Do not write Mrs/Smt																		

(Is being permitted in the following Subjects)

1. Neurology 2. Otolaryngology 3. Speech Language Pathology 4. Audiology

(Seal & Signature of the Principal)

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)

(lor in Audiol	ogy & Speech Lar	nguage Patholog	y)					
lame of College:			College Code						
Examination Center:									
xamination Roll No			((Not to be filled by candidate)					
(Student ID No.)]					
ir, is requested to kindly allow me 021-22		he following subjec	t of the university	examination for the year					
. Neurology	(,	ALLOWED/ NSU	FRESH PF						
2. Otolaryngology		ALLOWED/ NSU	FRESH PF	Colored Photograph Not less than 3.5 cm x 4.00 cm Face Not less					
3. Speech Language Pathology		ALLOWED/ NSU	FRESH PF						
4. Audiology		ALLOWED/ NSU	FRESH PF	than 2 cm No Spectacles or					
Example :- Do NOT Prefer Mr /Mrs / M Name of Candidate [First Name, Mi		Name](In English): (In CAF	PITALS)* Do not write !	Glass Mr/Ms					
Father's Name: [First Name, Middle	Name, Last Name]](In English): (In CAPITAL	.S)* Do not write Mr/Sh	nri					
. Father's Name: [First Name, Middle	Name, Last Name]](In English): (In CAPITAL	-S)* Do not write Mr/Sł						
. Father's Name: [First Name, Middle									

<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>

> 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

		ENROLL	MENT FO	RM	Form No (ABVMUU		
COURSE NAME	BASL	.P (Course Co	de: 103) 2 st S	Semester Exam	Batc	h 20	
	(Bachelor Ir	n Audiology &	& Speech Lar	nguage Patholo	gy)		
Name of College:				College Code	•		
Student Registration No (If Applicable)	o. given by (College:				Photograph than 3.5 cm	n x 4.00
ABVMUUP Enrollment N (Student ID No)	o					Face Not les cm No Specta Glas	ss than 2 acles or
*Example :- Do NOT Prefer Mr /M 1. Name of Candidate [First		Name Last Namel(In English): (In CA	NPITALS) * Do not wr	ite Mr/Ms		
2. Father's Name: [First Nam	ne, Middle Name,	Last Name](In Eng	llish): (In CAPITAL	S) * Do not write Mr	/Shri		
3. Mother's Name: [First Nar	ne, Middle Name,	, Last Name](In Enç	glish): (In CAPITA	LS)* Do not write M	rs/Smt		
4. Gender: (Male/Female/C	Dther) 5. Dat	te of Birth (DD/M	M/YYYY)	6. Date of Admissi	on to abo	ve course (D	
7. Category (UR/OBC/SC/ST)	8. Religio	on		9. Conta	ict No (M	obile)	
				+91			
10. Email ID (Please write	very clearly in	CAPITAL letter	rs only)				
							7
11. Permanent Address							_
11. District		12. State	е		13. Pin	Code	
14. Aadhaar No		1	5. Name of S	election Board Qu	alifying E	xam (eg CET	, etc)
16. Roll No of the Qualifying E	xamination						
Date (DD/MM/YYYY):					(Sign	ature of the S	Student)
Certified that the Photograp	oh, signature a	and student reco	ord have been	checked by colleg	e and is d	correct	

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