

ATAL BIHARI VAJPAYEE MEDICAL UNIVERSITY UTTAR PRADESH, LUCKNOW

	ADMIT CAI	RD	Serial No: (ABVMUUP Office)
COURSE NAME	B.D.S. (Course Code: 050) 1YEA (Supple)	AR OF ADMISSION	Batch
Name of College: Examination Center:		College Code	
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
Example :- Do NOT Prefer Mr /Mrs / 1. Name of Candidate [First Name of Candidate First Name	Miss ne, Middle Name, Last Name](In English): (In	CAPITALS) Do not writ	Signature of the Student)
	liddle Name, Last Name](In English): (In CAF		
	(Is being permitted in the foll	owing Subjects)	
1. General Anatomy including En Embryology and oral Histology	nbryology and Histology 2 General Hu		ochemistry 3. Dental Anatomy,

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.



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EXAMINATION FORM

Form No: (ABVMUUP Office)

	(S	Supple)		
Name of College:			College Code	
Examination Center:				
Examination Roll No			(Not	to be filled by candidate)
ABVMUUP Enrollment No (Student ID No.)				
Sir, t is requested to kindly allo 2022-23	ow me to appear in the	following subject o	of the university ex	amination for the yea
	(For	Office Use)		
		ALLOWED/NOU	FRESH PF	Colored Dhotograph
01. General Anatomy including Embryology and Histology		ALLOWED/ NSU		Colored Photograph Not less than 3.5 cm x 4.00 cm
12. General Human Physiology	and Biochemistry	ALLOWED/ NSU	FRESH PF	Face Not less
13. Dental Anatomy, Embryolo	gy and oral Histology	ALLOWED/ NSU	FRESH PF	than 2 cm
				than 2 cm No Spectacles or Glass
				than 2 cm No Spectacles or Glass
				than 2 cm No Spectacles or Glass
I. Name of Candidate [First N	ame, Middle Name, Last Nam	ne](In English): (In CAPIT	ALS)* Do not write Mr/l	than 2 cm No Spectacles or Glass
1. Name of Candidate [First Name] 2. Father's Name: [First Name, Mother's Name: [First Name]	ame, Middle Name, Last Nam	ne](In English): (In CAPIT	ALS) * Do not write Mr/l	than 2 cm No Spectacles or Glass

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

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

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