

ATAL BIHARI VAJPAYEE MEDICAL UNIVERSITY UTTAR PRADESH, LUCKNOW

	ADMIT CARD		Serial No: ABVMUUP Office)			
COURSE NAME	BOP (Course Code: 104) 1 st Semo	ester Exam E	Batch 20			
	(B.Sc.Optometry)					
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			
*Example :- Do NOT Prefer Mr /Mrs /	/ Miss	:	Signature of the Student)			

1. Name of Candidate [First Name, Middle Name, Last Name](In English): (In CAPITALS) * Do not write Mr/Ms

2.	Fath	ner's	Nam	e: [Fi	rst Na	me, M	iddle I	Name,	Last	Name](In Er	nglish)	: (In C	CAPIT	ALS)	* Do n	ot writ	te Mr/S	Shri			
3.	Mot	her's	Nam	ne: [F	irst Na	ame, N	liddle	Name	, Last	Name	e](In E	nglish): (In	CAPIT	ALS)	* Do i	not wr	ite Mrs	s/Smt		-	

(Is being permitted in the following Subjects)

- 1. General Anatomy 2. General Physiology 3. General Biochemistry 4. Geometrical Optics-I
- 5. Nutrition 6. English & Communication

(Seal & Signature of the Principal	(Seal	& Sign	ature of	f the	Principal
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Instructions to Candidates

- 1. Candidates will be allowed to enter the examination hall on production of Admit Card.
- 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)

EXAMINATION OFBOPTOM	I (Course Code: 104) 1 st Semester Exam	OF	Batch 2020
	(B Sc Optometry)		

(B.Sc.Optometry)

Name of College:	College Co	de
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 following subject of the university examination for the year 2022-23

(For Office Use)

ALLOWED/ NSU FRESH PF 01. General Anatomy ALLOWED/ NSU PF FRESH 02. General Physiology FRESH PF 03. General Biochemistry ALLOWED/ NSU FRESH PF 04. Geometrical Optics-I ALLOWED/ NSU 05. Nutrition ALLOWED/ NSU FRESH PF 06. English & Communication ALLOWED/ NSU FRESH PF



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

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> <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

	ENROLLMENT FOR	Form No: (ABVMUUP	Office)								
COURSE NAMEBOF	PTOM (Course Code: 104))	YEAR OF ADMISSION	(YYYY) 20 20 .								
(B.Sc.Optometry)											
Name of College:		College Code									
Student Registration No. given by (If Applicable)	y 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 / Miss		L									
1. Name of Candidate [First Name, Middl	le Name, Last Name](In English): (In CAP	ITALS) * Do not write Mr/Ms									
2. Father's Name: [First Name, Middle Nam	ne, Last Name](In English): (In CAPITALS) * Do not write Mr/Shri									
3. Mother's Name: [First Name, Middle Nar	ma, Laat Namal(In English); (In CADITALS	> > * Do not write Mrc/Smt									
5. Mourier's Name, [First Name, Middle Name,		b) * Do not write wrs/Sint									
4. Gender: (Male/Female/Other) 5. D	Date of Birth (DD/MM/YYYY) 6.	Date of Admission to above	ecourse (DD/MM/YYY)								
7. Category (UR/OBC/SC/ST) 8. Reli		9. Contact No (Mob									
		+91									
10. Email ID (Please write very clearly	in CAPITAL letters only)										
11. Permanent Address											
	40.00	40 Di 0	、 .								
11. District	12. State	13. Pin C									
14 Andhoor No	15 Nome of Cal	action Roard Qualifying Fy									
14. Aadhaar No		ection Board Qualifying Exa									
16. Roll No of the Qualifying Examination											
		(0:	uro of the Student								
Date (DD/MM/YYYY):		(Signat	ure of the Student)								
Certified that the Photograph, signature	e and student record have been cl	<u>hecked by college and is co</u>	rrect								

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