

## ATAL BIHARI VAJPAYEE MEDICAL UNIVERSITY UTTAR PRADESH, LUCKNOW

	ADMIT CAR	(/	Serial No: (ABVMUUP Office)							
OURSE NAMEB	OTOM (Course Code: 104) 2 <sup>st</sup> Se (Bachelor Of Optometry		Batch							
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 / . Name of Candidate [First Nam	<b>Miss</b> ne, Middle Name, Last Name](In English): ( In C	APITALS)* <b>Do not write</b>	(Signature of the Studen							
Father's Name: (First Name M	liddle Name, Last Name](In English): ( In CAPIT	ALS) * Do not write Mr/S	hri							
atioi o itaino, ji iistivalile, ivi										
	//iddle Name, Last Name](In English): ( In CAPI	TALS ) * Do not write Mrs/								
	Aiddle Name, Last Name](In English): ( In CAPI	FALS ) * Do not write Mrs/	Smt							
	(Is being permitted in the follow	wing Subjects)  4.Physical Optics								

- 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)

<b>EXAMINATION OF BOTOM</b> (Course Code: 104) 2 <sup>st</sup> Semester Exam <b>Batch Batch</b>																										
	(Bachelor Of Optometry)																									
Name of College:														Со	llege	e Co	de									
Examination Center:																										
Examination Roll No															(No	ot to be filled by candidate)										
ABVMUUP Enrollment No (Student ID No.)																										
lt i	Sir, It is requested to kindly allow me to appear in the following subject of the university examination for the year																									
20	22-2	3								(F	or O	ffice	Use	)					Γ							
01.	Oc	cular	Ana	tomy	,					ALL	OWE	D/ NS	U	FRE	SH	PF										
02. Ocular Physiology									ALL	OWE	D/ NS	U	FRE	SH	PF				Colored Photograph Not less							
03.	. Ос	cular	Biod	hem	istry					ALLOWED/ NSU					FRESH PF					than 3.5 cm x 4.00 cm Face Not less						
04. Physical Optics									ALLOWED/ NSU FRES					SH	PF				than 2 cm No Spectacles or							
05.	Ge	eome	etrica	ıl Opt	tics-II					ALLOWED/ NSU					SH	PF				Glass						
	*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.	2. Father's Name: [First Name, Middle Name, Last Name](In English): (In CAPITALS) * <b>Do not write Mr/Shri</b>																									
3.	Mot	her's	Nar	ne: [F	First Na	ame, N	∕liddle	Name	e, Last	Name	e](In E	nglish	): ( In	CAPIT	ALS)	* Do	not w	rite N	Irs/Sn	nt						
	Date (DD/MM/YYYY): (Signature of the Student)  Certified that the Photograph, signature and student record have been checked by college and is correct																									
Th	e stu	ıden	t is a	llowe	ed to a	appe	ar in	the e	xam	inatic	n as	indic	ated	abou	/e.											

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

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