

# ATAL BIHARI VAJPAYEE MEDICAL UNIVERSITY UTTAR PRADESH, LUCKNOW

		Serial No: ABVMUUP Office)
COURSE NAME	3OT (Course Code: 107 ) 2 <sup>st</sup> Semester Exam (Bachelor in Occupational Therapy)	Batch(יייי) 20
Name of College:	College Code	
Examination Center:		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 N	ame_Middle_Name_Last_Name](In English); ( In CAPITALS ) * <b>Do not write</b>	Mr/Ms

1.	Nan	ne of	Can	didat	e [Fir	st Nar	ne, Mi	ddle N	lame,	Last N	lame]	(In En	glish):	(In C	APITA	LS)*	Do n	ot wri	te Mr/	Ms		
2.	Fath	ner's	Nam	e: [Fi	rst Na	ime, N	liddle	Name	, Last	Name	](In Er	nglish)	: ( In C	CAPIT	ALS)	* Do r	not wr	ite Mı	/Shri			
3.	Mot	her's	Nan	ne: [F	irst Na	ame, N	Middle	Name	e, Last	Name	e](In E	nglish	): ( In	CAPIT	ALS )	* Do	not w	rite M	rs/Sm	t		

### (Is being permitted in the following Subjects)

- 1. Human Anatomy -II (Including Applied Anatomy) 2. Human Physiology II (Including Applied Physiology)
- 3. Fundamental OT-II 4. Psychology and Sociology- I 5. Yoga Basic Theory Science and Techniques

(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)

EXAMINATION OF	<b>h(</b> ʏʏʏʏ) 20				
Name of College:		C	ollege Cod	e	
Examination Center:					
Examination Roll No				(Not to	be filled by candidate)
ABVMUUP Enrollment No (Student ID No.)					
Sir,					
It is requested to kindly allow 2021-22	me to appear in the fo	llowing subject of th	e university	v exar	nination for the year
	(For Of	fice Use)			
01. Human Anatomy –II (Includ	ing Applied Anatomy)	ALLOWED/ NSU	FRESH	PF	Colored Photograph Not less than 3.5 cm x 4.00 cm
02. Human Physiology II (Includ	<b>o</b> 11 <b>v</b>	ALLOWED/ NSU	FRESH	PF	Face Not less than 2 cm
03 Fundamental OT-II		ALLOWED/ NSU	FRESH	PF	No Spectacles or Glass
04. Psychology and Sociology-	I	ALLOWED/ NSU	FRESH	PF	
05. Yoga Basic Theory Science	and Techniques	ALLOWED/NSU	EDEQU		

### \*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

ALLOWED/ NSU

FRESH

PF

2. Father's Name: [First Name, Middle Name, Last Name](In English): (In CAPITALS) \* Do not write Mr/Shri

										1
										1

### 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)

Certified that the Photograph, signature and student record have been checked by college and is correct The student is allowed to appear in the examination as indicated above.



# ATAL BIHARI VAJPAYEE MEDICAL UNIVERSITY UTTAR PRADESH, LUCKNOW

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ABVMUUP Enrollmo (Student ID No.)	ent No														]		Face No S	cm Not le cm Specta Glas	ss th 1 acles	
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2. Father's Name: [Fir	st Name, Mide	dle Name	, Last N	lame](	In Eng	lish): (	In CA	PITALS	5) * Do	o not v	rite N	lr/Shri								
3. Mother's Name: [Fi	rst Name, Mid	Idle Name	e, Last N	Name]	(In Eng	glish): (	In CA	PITAL	S)* D	o not v	vrite I	/Irs/Sm	nt							
4. Gender: (Male/Fer	nale/Other)	) 5. Da	ate of	Birth	(DD/N	мм/үү	YY)	6	5. Dat	e of /	\dmi	ssion	to abo	ove co	ourse	(DD/N		Y)		
7. Category (UR/OBC/SC	c/ST) 8.	Religi	ion							9.	Cor	ntact	No (Mo	obile)						
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10. Email ID ( Please	write very c	clearly in	n CAF	PITAL	. lette	ers on	ily) I						<u> </u>		-		<del></del>		٦	
11. Permanent Addres	S																	-		
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14. Aadhaar No							15.	Name	e of S	elect	ion B	loard	Qualif	vina E	Exam	(eq C	ET, etc	 c)		
16. Roll No of the Qualify	ing Examina	ation																		
Date (DD/MM/YYYY):				41				<b>k</b> a -	- k - 1			1	(Signa			Stud	ent)			
Certified that the Phot	ograph, sig	nature	and s	tuder	it rec	ora h	ave	veen	cneck	ked b	y col	iege a	and is	corre	<u>CI</u>					

Name of the Principal (Seal & Signature of the Principal) (Counter Signature of Dean-ABVMUUP) (Medical/Dental/Nursing/Paramedical)