

ATAL BIHARI VAJPAYEE MEDICAL UNIVERSITY UTTAR PRADESH, LUCKNOW

Serial No:

(Seal & Signature of the Principal)

ADMIT CARD

		(ABVMUUP Office)
COURSE NAMEBO	**COM (Course Code: 104) 3 st Semester Exam	Batch 2021-2022
	(Bachelor Of Optometry)	
Name of College:	Colleg	e 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 / 1. Name of Candidate [First Nan	e, Middle Name, Last Name](In English): (In CAPITALS) * D	Signature of the Student) to not write Mr/Ms
2. Father's Name: [First Name, M	ddle Name, Last Name](In English): (In CAPITALS) * Do no	t write Mr/Shri
3. Mother's Name: [First Name, N	iddle Name, Last Name](In English): (In CAPITALS) * Do no	ot write Mrs/Smt
1. Ocular Microbiology 2. Visi	(Is being permitted in the following Subject al optics-I 3. Optometric Instruments 4.Ocular	
Visual System		

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	ВОТ	•	course Bachel			,			er Ex	xam		Bato	:h 2	2021-	-202	2	
Name of College:									Co	olleg	je Co	ode					
Examination Center:																	
Examination Roll No											(Not	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 2021-22																	
			(F	or O	ffice	Use)										
01. Ocular Microbiology			ALLOWED/ NSU FRESH					PF									
02. Visual optics-I			ALLOWED/ NSU FRESH					PF	7			Cole	arad D	hotoa	ronh		
03. Optometric Instrume	ents						PF	Not less									
04. Ocular Disease –I			ALLOWED/ NSU FRESH				PF	Face Not less than 2 cm									
05. Clinical examination of Visual System		ALLOWED/ NSU FRESH			PF	No Spectacles or Glass											
*Example :- Do NOT Prefer N	1r /Mrs / Mis	s															_
1. Name of Candidate [F	First Name, N	Middle Nai	me, Last I	Name]	(In Eng	glish):	(In CA	PITAI	LS)*	Do no	ot writ	e Mr/N	/Is				
2. Father's Name: [First I	Name, Middle	e Name, L	ast Name	e](In Er	nglish):	(In C	CAPITA	\LS) *	Do n	ot wri	te Mr	/Shri				•	
3. Mother's Name: [First	Name, Midd	le Name, l	Last Nam	e](In E	inglish)	: (In (CAPITA	ALS)	* Do r	not wr	ite Mr	rs/Smt	:				
						`											
Date (DD/MM/YYYY):	uranh aice	inature of	ad otuda	ont ro	oord !	hove	hoom	n oho	okod	l by a	olloc	-				e Stu	dent)
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.																	

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

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