

ATAL BIHARI VAJPAYEE MEDICAL UNIVERSITY UTTAR PRADESH, LUCKNOW

Serial No:

ADMIT CARD(Supplementary)

| | | · · · · · · · · · · · · · · · · · · · | (ABVMUUP Office) |
|---|---|---------------------------------------|---|
| COURSE NAME | BPT (Course Code: 101) Y | ear of Examination | Batch 20 |
| 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 / M. Name of Candidate [First Name | //iss e, Middle Name, Last Name](In English): (| n CAPITALS)* Do not write | Signature of the Student |
| | | | |
| 2. Father's Name: [First Name, Mid | ddle Name, Last Name](In English): (In CA | PITALS) * Do not write Mr/ | Shri |
| 3. Mother's Name: [First Name, Mi | ddle Name, Last Name](In English): (In C | APITALS) * Do not write Mrs | s/Smt |
| | | | |
| | (Is being permitted in the fo | lowing Subjects) | |
| 1. Applied Anatomy 2. Physiological | ogy 3. Clinical Biochemistry | | |
| 4. General Psychology 5. Bio | physics | | |
| | | | |

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 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 (Supplementary)

Form No: (ABVMUUP Office)

| COURSE NAME | BPT (Course Cod | de: 101) Year of E | xamination B | atch 20 |
|---|-----------------------------|--------------------------------------|-------------------------|--|
| Name of College: | | | College Code | |
| Examination Center: | | | | |
| Examination Roll No | | | (Not t | 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 | ollowing subject of (For Office U | • | mination for the year |
| 01. Applied Anatomy | | ALLOWED/ NSU | J FRESH PF | |
| 02. . Physiology | | ALLOWED/ NSU | FRESH PF | Colored Photograph Not less |
| 03. Clinical Biochemistry | | ALLOWED/ NSU | J FRESH PF | than 3.5 cm x 4.00 cm Face Not less |
| 04. General Psychology | | ALLOWED/ NSU | FRESH PF | than 2 cm No Spectacles or |
| 05. Biophysics | | | | Glass |
| *Example :- Do NOT Prefer Mr /M | rs / Miss | | | |
| 1. Name of Candidate [First Name | e, Middle Name, Last Name] | (In English): (In CAPITA | LS) * Do not write Mr/M | ls |
| | | | | |
| | | | | |
| 2. Father's Name: [First Name, Mid | ddle Name, Last Name](In Ei | nglish): (In CAPITALS) ' | * Do not write Mr/Shri | |
| | | | | |
| 2 Na-41- av2- Na-41- av2- Na-41- | | | | |
| 3. Mother's Name: [First Name, Mi | ddle Name, Last Name](In E | nglish): (In CAPITALS) | * Do not write Mrs/Smt | |
| | | | | |
| Date (DD/MM/YYYY): Certified that the Photograph, si | | cord have been che | - | ignature of the Student) |

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)



ATAL BIHARI VAJPAYEE MEDICAL UNIVERSITY UTTAR PRADESH, LUCKNOW

| ENROLLMENT FORM (Supplementary) | | | | | | | | m No VMUL | JP Off | ice) | | | | | | | | | |
|--|-------------|---------------|----------|--------|---------|-----------------|-----------|---------------|---|--------|--------|---------|--------|----------|--------|--------|--------|---------------|-----------|
| COURSE NAME | 6 | ЗРТ | (Cou | ırse | Cod | e: 1(| 01)` | ⁄ear | of A | Adn | nissio | on | В | atch | | 20 | | | |
| ABVMUUP Enrollment I (Student ID No.) | No | | | | | | | | | | | | | | | | | | |
| *Example :- Do NOT Prefer Mr | /Mrs / Miss | 3 | | | | | | | | | | | | | | | | | |
| 1. Name of Candidate [F | irst Name, | Middle I | Name, | Last I | Name] | (In Er | nglish): | (In C | APIT | ALS |) * Do | not w | rite M | r/Ms | | | | | |
| | | | | | | | | | | | | | | | | | | | |
| 2. Father's Name: [First Na | me, Middle | Name, | Last N | lame] | (In En | glish): | : (In C | APIT <i>A</i> | ALS) | * Do | not w | rite M | r/Shri | 1 | | | | $\overline{}$ | \neg |
| 3. Mother's Name: [First Name] | ame Middle | Name | Last | Name | l(In Fr | nalish) |)· (In (| APIT | ALS. |) * D(| not v | vrite M | lrs/Sm | t | | | | | |
| | l l | T | , Laot I | 1 | 1(= 1 | 19 | ,. ((| , | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | 1 | | 1 | <u> </u> | | | | | |
| 4. Gender: (Male/Female/ | Other) 5 | i. Da | te of | Birth | (DD/N | <u></u> /М/Ү | YYY) | I | 6. D | ate | of A | dmis | sion t | o ab | ove c | course | 9 (DD | _L)/MM/ | ∕YYY) |
| | ,] [| | / | T | · [| | | | 7 г | 1 | | 7 | | Ι, | | | ` | \neg | , |
| | | / | <u> </u> | | / | | | | | | / | | | / | | | | | |
| 7 Cotomon / / ID / ODO / OO / OT | ۱ 8 | Religi | on | | | | | | | _ | | Con | tact N | 10 (N | lobile | e) | | | |
| 7. Category (UR/OBC/SC/ST) | , <u>J.</u> | $\overline{}$ | | | | | | | | | | | | | | | | | |
| 7. Category (UR/OBC/SC/ST) | | | | | | | | | | | +91 | | | | | | | | |
| 10. Email ID (Please write | | | CAP | PITAL | _ lette | ers o | nly) | | | | +91 | | | | | | | | |
| | | | CAP | PITAL | _ lette | ers o | nly) | | | | +91 | | | | | | | <u> </u> | |
| | | | CAP | PITAL | _ lette | ers o | nly) | | | | +91 | | | | | | | | |
| 10. Email ID (Please write | | | CAP | PITAL | _ lette | ers o | nly) | | | | +91 | | | | | | | | |
| 10. Email ID (Please write | | | CAP | | | | nly) | | | | +91 | | 13 | Pir | | de | | | |
| 10. Email ID (Please write | | | CAP | | Sta | | nly) | | | | +91 | | 13 | . Pir | n Coo | de | | | |
| 10. Email ID (Please write | | | CAP | | | | nly) | | | | +91 | | 13. | . Pir | n Cod | de | | | |
| 10. Email ID (Please write | | | CAP | | Sta | te | nly) | e of \$ | Sele | | | ard C | | | | | CET, 6 | ≱tc) | |
| 10. Email ID (Please write | | | CAP | | Sta | te | | e of S | Sele | | | ard C | | | | | CET, e | etc) | |
| 10. Email ID (Please write | | | CAP | | Sta | te | | e of S | Sele | | | ard C | | | | | CET, 6 | etc) | |
| 10. Email ID (Please write | very cle | arly in | CAP | | Sta | te | | e of S | Sele | | | ard C | | | | | CET, e | etc) | |
| 10. Email ID (Please write | very cle | arly in | CAP | | Sta | te | | e of S | Sele | | | ard C | | | | | CET, 6 | eitc) | |

Certified that the Photograph, signature and student record have been checked by college and is correct

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

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