

Date (DD/MM/YYYY): __

ATAL BIHARI VAJPAYEE MEDICAL UNIVERSITY UTTAR PRADESH, LUCKNOW

	ENROLLMENT FOR	Form No: (ABVMUUP Office)
COURSE NAMEB.S.C.N	Course Code: (001)	YEAR OF ADMISSION (YYYY) 20 20
Name of College:		College Code
Student Registration No. given by Co (If Applicable)	llege:	Photograph Not less than 3.5 cm x 4.00
ABVMUUP Enrollment No (Student ID No.) 1. Name of Candidate [First Name, Middle Nar	ne. Last Namel(In English): (In CAF	Face Not less than 2 cm No Spectacles or Glass
2. Father's Name: [First Name, Middle Name, La	st Name](In English): (In CAPITALS	S) * Do not write Mr/Shri
3. Mother's Name: [First Name, Middle Name, La	st Name](In English): (In CAPITALS	S) * Do not write Mrs/Smt
4. Gender: (Male/Female/Other) 5. Date	of Birth (DD/MM/YYYY) 6	. Date of Admission to above course (DD/MM/YYY
7. Category (UR/OBC/SC/ST) 8. Religion		9. Contact No (Mobile)
7. Editegory (et ebereer) e. Religion		
	ADITAL 1 (1)	+91
10. Email ID (Please write very clearly in C	APITAL letters only)	
11. Permanent Address		
11. District	12. State	13. Pin Code
14. Aadhaar No	15. Name of Se	election Board Qualifying Exam (eg CET, etc)
16. Roll No of the Qualifying Examination		

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

(Signature of the Student)