

ATAL BIHARI VAJPAYEE MEDICAL UNIVERSITY UTTAR PRADESH, LUCKNOW

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	(Hematology and Blood Banking	g)		
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kamination Center:				
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BVMUUP Enrollment No Student ID No)			Face Not less the cm No Spectacles Glass	
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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)

COURSE NAME MMLS	6 Hematology	& Blood I	Banking ((Cours	se Cod	de:) 1 st	Semeste	r Exam	Bate	ch		
	((Hemato	logy an	d Blo	od Ba	ankir	ng)						
Name of College:							Colle	ege Cod	de		П		
Examination Center:											<u> </u>		
Examination Roll No									(Not to	be filled	d by ca	ndidat	e)
ABVMUUP Enrollment No (Student ID No.)													
Sir, It is requested to kindly allow m	ne to appear i	n the foll	owing s	ubject	of the	e univ	ersity/	/ examina	ation fo	or the y	/ear 2	023-2	4
		(Fo	r Office	e Use)								
01. Fundamentals of Haemat	ology		ALL	OWE	D/ NSU	J I	FRESI	H PF	ļ				
02. General Pathology					D/ NSU		FRES		Not less			graph	
03. Basic Medical Laboratory Management			ALLOWED/ NSU ALLOWED/ NSU				FRES		than 3.5 cm x 4.00 cm				
Name of Candidate [First Na	me, Middle Nan	ne, Last Na	ıme](In Er	nglish):	(In CA	PITAL	.S)*D	o not write	e Mr/Ms		Glass		
2. Father's Name: [First Name, N	/liddle Name, La	ast Name](l	In English): (In C	CAPITA	LS)*	Do no	t write Mr/	Shri	<u>'</u>			
3. Mother's Name: [First Name,	Middle Name, L	.ast Name]	(In English	n): (ln (CAPITA	ALS)*	Do no	ot write Mr	s/Smt		•		
Date (DD/MM/YYYY):										nature		e Stu	dent)
Certified that the Photograph, The student is allowed to appe	_						cked k	by college	e and is	s corre	<u>ect</u>		
The student is allowed to appe	CALLIT LITE CAC	arriiriatiOl	i uo ii iuli	JUILEU	above	<u>, , </u>							

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

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



ATAL BIHARI VAJPAYEE MEDICAL UNIVERSITY UTTAR PRADESH, LUCKNOW

	ENROLLMENT FORM		o: UP Office)				
COURSE NAME MMLS Hen	natology & Blood Banking (Course Code:) 1 st Semester Exam	Batch				
	(Hematology and Blood Banki	ng)					
Name of College:	C	College Code					
Student Registration No. giver (If Applicable)	n by College:		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							
1. Name of Candidate [First Name, N	Middle Name, Last Name](In English): (In CAPITA	ALS) * Do not write Mr/Ms					
2. Father's Name: [First Name, Middle	Name, Last Name](In English): (In CAPITALS) *	Do not write Mr/Shri					
3. Mother's Name: [First Name, Middle	Name, Last Name](In English): (In CAPITALS)	* 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 (M	Mobile)				
		+91					
10. Email ID (Please write very clea	arly in CAPITAL letters only)						
11. Permanent Address							
11. District	12. State	13. Pir	n Code				
14. Aadhaar No	15. Name of Selec	ction Board Qualifying I	Exam (eg CET, etc)				
16. Roll No of the Qualifying Examination	on						

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

Date (DD/MM/YYYY): _____

(Signature of the Student)