

## ATAL BIHARI VAJPAYEE MEDICAL UNIVERSITY UTTAR PRADESH, LUCKNOW

	ADMIT CARD	Serial No: (ABVMUUP Office)							
COURSE NAME MMLS Microbiolog	y (Course Code: ) 1	st Semester Exam	Batch						
	( Medical Microbiolog	<b>y</b> )							
Name of College:		College Code							
Examination Center:									
ABVMUUP Enrollment No (Student ID No)			Photograph Not less than 3.5 cm x 4.00 cm Face Not less than 2 cm No Spectacles or Glass						
*Example :- Do NOT Prefer Mr /Mrs / Miss  1. Name of Candidate [First Name, Middle Name	e, Last Name](In English): ( In CAI	PITALS ) * <b>Do not write Mr/</b> l	Signature of the Student)						
2. Father's Name: [First Name, Middle Name, Las	st Name](In English): ( In CAPITAI	S)* Do not write Mr/Shri							
3. Mother's Name: [First Name, Middle Name, La	et Namal(In English): / In CARITA	IS \* Do not write Mrs/Sm	•						
3. Mother 3 Name. [i list Name, Middle Name, La	st Namej(in English). ( in CAFTIA	LS) Do not write wirs/3iii							
(Is being 1. Basic Medical Microbiology 2.Systematic Methodology & Biostatistics	ng permitted in the following Bacteriology 3.Basic Me	edical Laboratory Mana	gement 4. Research  Signature of the Principal)						
I	nstructions to Candid	dates							

- 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**

Form No: (ABVMUUP Office)

( Medical Microbiology)
Name of College:  Examination Center:
Examination Roll No (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 2023-24
(For Office Use)
01. Basic Medical Microbiology  02. Systematic Bacteriology  03. Basic Medical Laboratory Management  04. Research Methodology & Biostatistics  O4. Research Methodology & Biostatistics  O5. Systematic Bacteriology  ALLOWED/ NSU FRESH PF  ALLOWED/ NSU FRESH PF  ALLOWED/ NSU FRESH PF  ALLOWED/ NSU FRESH PF  O6. Systematic Bacteriology  ALLOWED/ NSU FRESH PF  ALLOWED/ NSU FRESH PF  O7. Systematic Bacteriology  Not less than 3.5 cm x 4.00 cm  Face Not less than 2 cm  No Spectacles or Glass
Name of Candidate [First Name, Middle Name, Last Name](In English): (In CAPITALS) * 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
Date (DD/MM/YYYY): (Signature of the Studen
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)



## ATAL BIHARI VAJPAYEE MEDICAL UNIVERSITY UTTAR PRADESH, LUCKNOW

	ENROLLMENT FORM						Form No: (ABVMUUP Office)									
COURSE NAMEMMLS	Microbiol	logy (Co	urse C	ode:	)	1 <sup>st</sup> \$	Sem	este	r Exa	m	Baf	tch		<b></b> .		
		( M	<b>Iedical</b> 1	Micro	biolo	ogy)										
Name of College:									(	Colle	<u>;</u>			$\Box$		
Student Registration No. g (If Applicable)	iven by (	College:											otograp 3.5 cr			
ABVMUUP Enrollment No (Student ID No.)											F	ace	Not les	ss tha	ın 2 d	cm
*Example :- Do NOT Prefer Mr /Mrs /	Miss															
1. Name of Candidate [First Name of Candidate   First Name of Candidat	me, Middle N	Name, Last	Name](In	English	): ( In (	CAPIT	ALS)	* Do r	ot writ	e Mr/N	ls		1			_
2. Father's Name: [First Name, Mi	iddle Name,	Last Name	(In Englis	h): ( ln (	CAPIT	ALS)	* Do r	not wri	ite Mr/S	Shri				<u> </u>		
				Ť										Π		$\neg$
3. Mother's Name: [First Name, M	liddle Name,	, Last Name	](In Englis	sh): ( In	CAPIT	TALS )	* <b>Do</b>	not w	ite Mrs	/Smt					1	
4. Gender: (Male/Female/Othe	r) 5. Dat	te of Birth	(DD/MM/	YYYY)		6. D	ate o	of Adr	nissio	n to a	ıbo	ve c	ourse	∋ (DD	/MM	/YY
		/	/								/	$\exists$		$\Box$		
7. Category (UR/OBC/SC/ST)	8. Religio	on	1		I			9. C	Contac	t No (	— (Мс	 bile	:)			
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10. Email ID ( Please write very	clearly in	CAPITAL										$\top$				
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11. Permanent Address																
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16. Roll No of the Qualifying Exami	nation															
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Date (DD/MM/YYYY):										(Si	gna	ature	e of th	ne St	ude	nt)

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