

## ATAL BIHARI VAJPAYEE MEDICAL UNIVERSITY UTTAR PRADESH, LUCKNOW

	ADMIT CARI	)	Serial No: (ABVMUUP Office)
COURSE NAME	MMLS (Course Code: 202) 1st S	emester Exam	Batch
	(Master In Medical Laborato	ry Science)	
Name of College:		College Code	
Examination Center:			
Examination Roll No  ABVMUUP Enrollment No			Photograph Not less than 3.5 cm x 4.00 cm Face Not less than 2
(Student ID No)			No Spectacles or Glass
*Example :- Do NOT Prefer Mr /Mrs /  1. Name of Candidate [First Nan	Miss ne, Middle Name, Last Name](In English): ( In C	APITALS ) * <b>Do not writ</b>	Signature of the Student) te Mr/Ms
2. Father's Name: [First Name, M	iddle Name, Last Name](In English): ( In CAPITA	ALS)* <b>Do not write M</b> r.	/Shri
3. Mother's Name: [First Name, N	/iiddle Name, Last Name](In English): ( In CAPIT	ALS)* <b>Do not write M</b> i	rs/Smt
General Biochemistry 2. En Methodology Biostatistics	(Is being permitted in the follow szymes & Metabolism-2 3.Basic Medic	cal Laboratory Mana	Seal & Signature of the Principal)
	Instructions to Cand	idates	

- 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	`		•			Batch		
	(Master lı	n Medical Lat	oorator	y Scienc	ce)			
Name of College:				Coll	ege Cod	le		
Examination Center:								
Examination Roll No						(Not to be	filled by ca	ındidate)
ABVMUUP Enrollment No (Student ID No.)								
Sir, It is requested to kindly allow 2023-24	me to appear i	n the following		ct of the	university	examin	ation fo	r the year
01. General Biochemistry		ALLOWED/	NSU	FRESH	PF	Colo	red Photog	uranh
02. Enzymes & Metabolism-2		ALLOWED/ I	NSU	FRESH	PF		Not less 3.5 cm x 4.	
03. Basic Medical Laboratory	Management	ALLOWED/ I	NSU	FRESH	PF		ace Not les	ss
04. Research Methodology Bi	ostatistics	ALLOWED/ I	NSU	FRESH	PF	No	Spectacles Glass	
1. Name of Candidate [First Nam	e, Middle Name, La	st Name](In Englisl	h): ( In CA	PITALS)*I	Do not write	e Mr/Ms		
2. Father's Name: [First Name, Mi	ddle Name, Last Na	me](In English): ( I	n CAPITA	LS)* <b>Do n</b> o	ot write Mr/	Shri	·	
3. Mother's Name: [First Name, M	iddle Name, Last Na	ame](In English): (	In CAPITA	\LS)* <b>Do</b> n	ot write Mrs	s/Smt		
Date (DD/MM/YYYY):				abaalaad	hu oollo w			ne Student)
Certified that the Photograph, sa The student is allowed to appear	_				by college	anu is C	<u>orrect</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

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
Student Registration No. given by College:  ABVMUUP Enrollment No (Student ID No.)  *Example :- Do NOT Prefer Mr /Mrs / Miss  1. 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 Mr/Smt
Student Registration No. given by College:    Photograph Not less than 3.5 cm x 4.00 cm Face 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   Name: [First Name, Middle Name, Last Name](In English): (In CAPITALS) * Do not write Mr/Shri   Nother's Name: [First Name, Middle Name, Last Name](In English): (In CAPITALS) * Do not write Mr/Shri   Nother's Name: [First Name, Middle Name, Last Name](In English): (In CAPITALS) * Do not write Mr/Smt
ABVMUUP Enrollment No (Student ID No.)  *Example :- Do NOT Prefer Mr /Mrs / Miss  1. 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
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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)
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)
4. Gender: (Male/Female/Other), 5. Date of Rirth (DD/MM/VVV) 6. Date of Admission to above course (DD/MM/VV)
4. Schael. (Male) chale of bitti (bb/mm/1111)
7. Category (UR/OBC/SC/ST) 8. Religion 9. Contact No (Mobile)
+91
10. Email ID ( Please write very clearly in CAPITAL letters only)
11. Permanent Address
11. District 12. State 13. Pin Code
14. Aadhaar No 15. Name of Selection Board Qualifying Exam (eg CET, etc)
16. Roll No of the Qualifying Examination
Date (DD/MM/YYYY): (Signature of the Student)

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