

ATAL BIHARI VAJPAYEE MEDICAL UNIVERSITY UTTAR PRADESH, LUCKNOW

	ADMIT	ADMIT CARD									
COURSE NAME	M.Optom (Course Code:	204) 1 st Semester Exa	am Batch								
	(Master of C	ptometry)									
Name of College:		College Co	de								
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. 1. Name of Candidate [First Name of Candidate First Name o	/ Miss me, Middle Name, Last Name](In Engl	sh): (In CAPITALS) * Do not v	Signature of the Student) write Mr/Ms								
2 Eathor's Name: (First Name N	Middle Name, Last Name](In English): (In CARITALS) * Do not write	Mr/Chri								
2. I attlet 5 Name. [Filst Name, N	viidule Name, Last Name](iii English). (THE CAPITALS) DO NOT WITE	INIT/STITE								
3. Mother's Name: [First Name,	Middle Name, Last Name](In English):	(In CAPITALS) * Do not write	Mrs/Smt								
Epidemiology & Community Diagnostics-I	(Is being permitted in the Eye Care 2. Research Methods)	ne following Subjects) nodology & Biostatistics									
			(Seal & Signature of the Principal)								
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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 NAMEM.Optom (Cou	ırse Code: 204) 1st Se	emester Exam Ba	tch												
(Master of Optometry)															
Name of College:		College Code													
Examination Center:	Examination Center:														
Examination Roll No		(Not to	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)															
·	ALLOWED/ NSU	FRESH PF													
01. Epidemiology & Community Eye Care02. Research Methodology & Biostatistics	ALLOWED/ NSU	FRESH PF	Colored Photograph												
03. Ocular Diseases and Diagnostics-I	ALLOWED/ NSU	FRESH PF	Not less than 3.5 cm x 4.00 cm Face Not less												
Name of Candidate [First Name, Middle Name, Last N	amel(In English): (In CAPITA	.LS)* Do not write Mr/M	than 2 cm No Spectacles or Glass												
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): Certified that the Photograph, signature and student The student is allowed to appear in the evamination		•	gnature of the Student)												

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)

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*Ex	ample :-	Do NO	Γ Pref	er Mr	/Mrs /	/ Miss																		
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3. г	Mother	's Nan	ne: [F	irst Na	ame, I	Middle	Name	, Last	Name	e](In E	Englis	h): (In	CAP	ITALS	;) * I	Do r	ot w	rite M	lrs/Sr	nt		1	1	1
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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)