

ATAL BIHARI VAJPAYEE MEDICAL UNIVERSITY UTTAR PRADESH, LUCKNOW

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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)

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

The student is allowed to appear in the examination as indicated above.

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



ATAL BIHARI VAJPAYEE MEDICAL UNIVERSITY UTTAR PRADESH, LUCKNOW

	ENROLLMENT	ORIVI FO	BVMUUP Office)
COURSE NAME	M.O.T (Course Code: 207) 1st (Master of Occupational		ch
Name of College:	` .	College Code	
Student Registration No. give f Applicable)	en 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	s		
. Name of Candidate [First Name, I	Middle Name, Last Name](In English): (In	CAPITALS) * Do not write M	Wr/Ms
2. Father's Name: [First Name, Middle	Name, Last Name](In English): (In CAPI	TALS) * Do not write Mr/Shr	<u> </u>
B. Mother's Name: [First Name, Middle	e Name, Last Name](In English): (In CAPI	TALS) * Do not write Mrs/S	mt
I. Gender: (Male/Female/Other) 5	5. Date of Birth (DD/MM/YYYY)	6. Date of Admission t	to above course (DD/MM/Y)
		_	
7. Category (UR/OBC/SC/ST) 8.	Religion	9. Contact N	No (Mobile)
		+91	
10. Email ID (Please write very cle	early in CAPITAL letters only)		
11. Permanent Address			
11. District	12. State	13	B. Pin Code
14. Aadhaar No	15. Name of	Selection Board Qualify	ying Exam (eg CET, etc)
16. Roll No of the Qualifying Examinati	ion		
Date (DD/MM/YYYY):			(Signature of the Student)

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)