

## ATAL BIHARI VAJPAYEE MEDICAL UNIVERSITY UTTAR PRADESH, LUCKNOW

	ADMIT (	CARD	Serial No: (ABVMUUP Office)
COURSE NAME	MPT (Course Code: 201)	1 <sup>st</sup> Semester Exam	Batch
	(Masters In Phys	siotherapy)	
Name of College:		College Co	de
Examination Center:			_
Examination Roll No  ABVMUUP Enrollment No			Photograph Not less than 3.5 cm x 4.00 cm Face Not less than 2 cm
(Student ID No)			No Spectacles or Glass
*Example :- Do NOT Prefer Mr /Mrs /  1. Name of Candidate [First Name of Candidate   First Name	Miss me, Middle Name, Last Name](In English	): (In CAPITALS ) * <b>Do not v</b>	Signature of the Student) write Mr/Ms
2 Father's Name: (First Name N		CAPITALS ) * Po not write	Mr/Shri
2. Tather o Name. [First Name, N	liddic Harrie, East Harriej (III English). ( II	TOAT TIALES) BOTTON WINE	
3. Mother's Name: [First Name, I	Middle Name, Last Name](In English): ( I	n CAPITALS) * <b>Do not write</b>	Mrs/Smt
Basic Medical Sciences 2.  Statistics and Evidence Based	(Is being permitted in the General Bio-Mechanics 3. Exer Practice		esearch Methodology Bio  (Seal & Signature of the Principal)
	Instructions to		

- 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.
- 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.



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Form No: (ABVMUUP Office)

COURSE NAME	MPT (Course Co	de:201) 1 <sup>st</sup> Semest	er Exam Ba	itch
	(Master	s In Physiotherap	y)	
Name of College:			College Code	
Examination Center:				
Examination Roll No			(No	ot to be filled by candidate)
ABVMUUP Enrollment No (Student ID No.)				
Sir, It is requested to kindly allow 2023-24	• •	•	f the university e	xamination for the year
	(For	Office Use)		
01. Basic Medical Sciences	Į	ALLOWED/ NSU	FRESH PF	Colored Photograph
02. General Bio-Mechanics		ALLOWED/ NSU	FRESH PF	Not less than 3.5 cm x 4.00 cm
<ul><li>03. Exercise Physiology</li><li>04. Research Methodology Biost</li></ul>		ALLOWED/ NSU ALLOWED/ NSU	FRESH PF	Face Not less than 2 cm
Evidence Based Practice				No Spectacles or Glass
Name of Candidate [First Name	e, Middle Name, Last Nam	ne](In English): ( In CAPITA	ALS ) * Do not write Mi	/Ms
2. Father's Name: [First Name, Mic	ddle Name, Last Name](In	English): (In CAPITALS)	* Do not write Mr/Shri	i
3. Mother's Name: [First Name, Mi	ddle Name, Last Name](Ir	n English): ( In CAPITALS )	* Do not write Mrs/Sr	nt
Date (DD/MM/YYYY):	_		(	(Signature of the Student)
Certified that the Photograph, sign	_		ecked by college a	nd is correct
The student is allowed to appea	<u>r in the examination a</u>	<u>as indicated above.</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 FOR	RM Form No: (ABVMUUP Office)
COURSE NAMEMP7	T (Course Code:201) 1st Semes (Masters In Physiotherap	
Name of College:		College Code
Student Registration No. given by (If Applicable)	y College:	Photograph Not less than 3.5 cm x 4.00 cm
ABVMUUP Enrollment No (Student ID No.)		Face Not less than 2 cr No Spectacles or Glass
*Example :- Do NOT Prefer Mr /Mrs / Miss		
1. Name of Candidate [First Name, Middle	le Name, Last Name](In English): ( In CAPI	ITALS ) * Do not write Mr/Ms
2. Father's Name: [First Name, Middle Nam	ne, Last Name](In English): (In CAPITALS	) * Do not write Mr/Shri
2. Methor's Nemo (5" A New All Hands	and the state of t	N t Dans de write Mar (2011
3. Mother's Name: [First Name, Middle Name]	me, Last Namej(in English): ( in Capitals	b) * Do not write Mrs/Smt
4. Gender: (Male/Female/Other) 5. E	Date of Birth (DD/MM/YYYY) 6.	Date of Admission to above course (DD/MM/)
7. Category (UR/OBC/SC/ST) 8. Reli	igion	9. Contact No (Mobile)
		+91
		#91
10. Email ID ( Please write very clearly	in CAPITAL letters only)	
11. Permanent Address		
11. District	12. State	13. Pin Code
	<del></del>	
14. Aadhaar No	15. Name of Sel	ection Board Qualifying Exam (eg CET, etc)
16. Roll No of the Qualifying Examination		
Date (DD/MM/VVVV):		(Signature of the Studen

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