

ATAL BIHARI VAJPAYEE MEDICAL UNIVERSITY UTTAR PRADESH, LUCKNOW

	ADMIT CARD	Serial No: (ABVMUUP Office)									
COURSE NAME	MOTT (Course Code: 200) 3 rd Semester Exam	Batch									
	(M.Sc in Operationa Theatre Technology)										
Name of College:	College C	Code									
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	Miss , Middle Name, Last Name](In English): (In CAPITALS) * Do not wri	(Signature of the Student)									
2. Father's Name: (First Name Mic	ldle Name, Last Name](In English): (In CAPITALS) * Do not write M	r/Shri									
2. Tatilet 5 Taine, price	date (value, East (value), in English). (in English).										
3. Mother's Name: [First Name, M	iddle Name, Last Name](In English): (In CAPITALS) * Do not write M	/Irs/Smt									
Anesthesia Equipment 2. Bas Surgeries	(Is being permitted in the following Subjects) ic Procedure and Techniques 3. Perioperative Anesthetic	Care And Preparations 4. Advanced									

Instructions to Candidates

- . 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.



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EXAMINATION FORM

Form No: (ABVMUUP Office)

EXA	MINA	TION	OF	••••	• • • • •	•••••			`			e: 2 n Th						ım	В	atch	••••	••••	• • • • •	•		
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Examination Roll No																(N	(Not to be filled by candidate)									
ABVMUUP Enrollment No (Student ID No.)																										
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							(I	For (Office	Use))															
01. Anesthesia Equipment							ALLOWED/ NSU						FRESH PF						Colored Photograph							
02. Basic Procedure and Techniques03. Perioperative Anesthetic Care And Preparations							ALLOWED/ NSU						FRESH PF						Not less than 3.5 cm x 4.00 cm Face Not less							
04 Advanced Surgeries						Allowed/ NUS						FRESH PF						than 2 cm No Spectacles or Glass								
*Exam	ple :- Do	NOT P	refer N	Mr /N	Ars / I	Miss																				
1. Na	me of	Candid	ate [F	irst N	Jame,	Middl	e Nam	e, Las	t Nam	e](In E	English	n): (In	CAPI	ΓALS)*	Do no	t writ	e Mr/	Ms				ı			
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2. Fa	ther's N	Vame: [First N	Vame.	, Mido	dle Na	me, La	ıst Naı	ne](In	Englis	sh): (I	In CAP	ITALS	S)* I	Oo n	ot wr	ite Mr	/Shri								
3. Mo	other's	Name:	[First	Nam	e, Mic	idle N	ame, L	ast Na	ame](I	n Engl	ish): (In CA	PITAL	LS)*	Do	not w	rite M	rs/Sm	nt				l			
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Date (DD/MM	/YYYY)	:															(Sig	gnati	are o	f the	e Stu	dent	t)		
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The st	udent i.	s allow	ed to	ann	ear i	n the	exan	inat	ion as	s indi	cated	d abo	ve.													

Name of the Principal (Seal & Signature of the Principal) (Counter Signature of Dean-ABVMUUP) (Medical/Dental/Nursing/Paramedical)