

ATAL BIHARI VAJPAYEE MEDICAL UNIVERSITY UTTAR PRADESH, LUCKNOW

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	(ABVMUUP Office) COURSE NAMEMPT (Course Code:201) 3 rd Semester Exam Batch (Master In Physiotherapy) Name of College: College Code Camination Center: Camination Camina																						
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	No ca	andidate	e will	be allo	owed t	o ente	er the	exam	inatio	n cen	tre 30	minu	tes aft	er the	com			of the	e exan	ninatio	on. Can	didate	will be
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- the examination hail.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	MPT (Co	ourse Code:2	xam Batch.	Batch				
Name of College:								
Examination Center:								
Examination Roll No				(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 2021-22

(For Office Use)

- 01. General Principles of Pedagogy
- 02. Clinical Management & Administration
- **03.** Elective-2
- **04.** Elective-3

ALLOWED/ NSUFRESHPFALLOWED/ NSUFRESHPFALLOWED/ NSUFRESHPFALLOWED/ NSUFRESHPF

Colored Photograph Not less
than 3.5 cm x 4.00 cm Face Not less
than 2 cm No Spectacles or Glass
Glass

*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

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3. Mother's Name: [First Name, Middle Name, Last Name](In English): (In CAPITALS) * Do not write Mrs/Smt

Date (DD/MM/YYYY): _____

(Signature of the Student)

<u>Certified that the Photograph, signature and student record have been checked by college and is correct</u> <u>The student is allowed to appear in the examination as indicated above.</u>

> <u>Name of the Principal</u> (Seal & Signature of the Principal)

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