



# ATAL BIHARI VAJPAYEE MEDICAL UNIVERSITY UTTAR PRADESH, LUCKNOW

## ENROLLMENT FORM

Form No:  
(ABVMUUP Office)

COURSE NAME.....M.B.B.S...(Course Code: 300)...YEAR OF ADMISSION (YYYY).... 20.....

Name of College:

College Code

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Student Registration No. given by College: \_\_\_\_\_

(If Applicable)

ABVMUUP Enrollment No  
(Student ID No)

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

1. Name of Candidate [First Name, Middle Name, Last Name](In English): ( In CAPITALS ) \* Do not write Mr/Ms

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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

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4. Gender: (Male/Female/Other) 5. Date of Birth (DD/MM/YYYY)

6. Date of Admission to above course (DD/MM/YYYY)

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7. Category (UR/OBC/SC/ST)

8. Religion

9. Contact No (Mobile)

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10. Email ID ( Please write very clearly in CAPITAL letters only)

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11. Permanent Address

\_\_\_\_\_

11. District

12. State

13. Pin Code

\_\_\_\_\_

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14. Aadhaar No

15. Name of Selection Board Qualifying Exam (eg NEET, CET, etc)

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16. Roll No of the Qualifying Examination

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Date (DD/MM/YYYY): \_\_\_\_\_

(Signature of the Student)

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

(Seal & Signature of the Principal)

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