

ATAL BIHARI VAJPAYEE MEDICAL UNIVERSITY UTTAR PRADESH, LUCKNOW

OURSE NAME								P Office)		
	.MMLSMM (Course	e Code: 2	08)2 st	Sem	este	r Exam	Batch	ח (YYYY)	. 20	
(Mast	er in Medical Labor	atory Scie	nces F	or Me	dica	I Microbi	iology)			
lame of College:				С	olle	ge Code	•			
Examination Center:										
Examination Roll No								Photogra than 3.9 Face No	5 cm x 4. cm t less tha	00
(Student ID No.)									cm ectacles Blass	or
Example :- Do NOT Prefer Mr /Mrs /	Miss						Si	gnature o	f the St	udent
. Name of Candidate [First Nat	me, Middle Name, Last Na	ame](In Englis	sh): (In C	APITAI	_S)*	Do not writ	te Mr/Ms			
. Father's Name: [First Name, N										

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

(Is being permitted in the following Subjects)

1. Applied Bacteriology-I 2. Immunology and Bacterial Serology 3. Medical Parasitology & Entomology 4. Moecular Biology and Bioinformatics

(Seal & Signature of the Principal)

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)

EXAMINATION OF MI	MLSMM (Course C	Code: 208)2 st Sem	ester Exam Bate	:h(YYYY) 20				
(Master	r in Medical Labora	tory Sciences For M	ledical Microbiology	•				
Name of College:			College Code					
Examination Center:								
Examination Roll No			be filled by candidate)					
ABVMUUP Enrollment No (Student ID No.)								
Sir,								
It is requested to kindly allow 2021-22			of the university exa	mination for the year				
	(FO	r Office Use) ALLOWED/ NSU	FRESH PF	Colored Photograph				
01. Applied Bacteriology-I		ALLOWED/ NSU	FRESH PF	Not less than 3.5 cm x 4.00 cm				
02. Immunology and Bacterial S		ALLOWED/ NSU	FRESH PF	Face Not less than 2 cm				
03. Medical Parasitology & Ento04. Molecular Biology and Bio	•••	ALLOWED/ NSU	FRESH PF	No Spectacles or Glass				
*Example :- Do NOT Prefer Mr /Mrs / N								
1. Name of Candidate [First Name	e, Middle Name, Last Nar	ne](In English): (In CAPIT	ALS)* Do not write Mr/M	s				
2. Father's Name: [First Name, Mic	ddle Name, Last Name](Ir	n English): (In CAPITALS) * Do not write Mr/Shri					
3. Mother's Name: [First Name, Mi	ddle Name, Last Name](I	n English): (In CAPITALS) * Do not write Mrs/Smt					
Date (DD/MM/YYYY):	_		(Si	gnature 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>

> 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

	E	ENROLLMENT F	-	Form No: (ABVMUUP Office)
COURSE NAME	MMLSMM (Co	ourse Code: 208)	2 st Semester Exam	Batch(YYYY) 20
(Master	r in Medical La	boratory Sciences	For Medical Microbic	ology)
Name of College:			College Code	
Student Registration No. given (If Applicable)	n by College: _			Photograph Not less than 3.5 cm x 4.00
ABVMUUP Enrollment No (Student ID No.)				cm Face Not less than 2 cm No Spectacles or Glass
*Example :- Do NOT Prefer Mr /Mrs / N				
1. Name of Candidate [First Name, M	liddle Name, Last Nan	ne](In English): (In CAPITAL	S)* Do not write Mr/Ms	
2. Father's Name: [First Name, Middle N	Name, Last Name](In I	English): (In CAPITALS) * D	o not write Mr/Shri	
3. Mother's Name: [First Name, Middle	Name, Last Name](In	English): (In CAPITALS) * I	Do not write Mrs/Smt	
4. Gender: (Male/Female/Other) 5	. Date of Birth (DD/MM/YYYY) 6. Da	te of Admission to above	e course (DD/MM/YYY)
	/			
7. Category (UR/OBC/SC/ST) 8. F	Religion		9. Contact No (Mob	ile)
			+91	
10. Email ID (Please write very clea		etters only)		
11. Permanent Address				
11. District	1	2. State	13. Pin	Code
14. Aadhaar No		15. Name of	Selection Board Qualifyir	ng Exam (eg CET, etc)
16. Roll No of the Qualifying Examination	n			
Date (DD/MM/YYYY):			(Signatu	ire of the Student)
Certified that the Photograph, signa	ture and student	record have been cheo	ked by college and is co	<u>prrect</u>