

ATAL BIHARI VAJPAYEE MEDICAL UNIVERSITY UTTAR PRADESH, LUCKNOW

Serial No: (ABVMUUP Office)

| COURSE NAME | MMLS (Course Co | de: 208) 2st | Semester E | xam | Batch(YYY | m 20 | |
|---|------------------------|----------------------|-----------------------|--------------------|--------------|---|-------------|
| | ter in Medical Labo | • | | | • | • | |
| Name of College: | | | Col | lege Code | | | |
| Examination Center: | | | | | | | |
| Examination Roll No ABVMUUP Enrollment No (Student ID No.) | | | | | tha Fac | otograph Not an 3.5 cm x 4 cm se Not less the cm o Spectacles Glass | .00 an 2 |
| *Example :- Do NOT Prefer Mr /Mrs 1. Name of Candidate [First Na | | ame](In English): | (In CAPITALS) |) * Do not write M | _ | re of the St | tudent) |
| 2. Father's Name: [First Name, I | | (In English): (In (| CAPITALS) * Dc | not write Mr/Shi | ri | | |
| | | | | | | | |
| 3. Mother's Name: [First Name, | Middle Name, Last Name |](In English): (In | CAPITALS) * Do | o not write Mrs/S | mt | | |
| | | | | | | | |
| 1.Principal of Biochemistry 2 4.Molecular Biology and Bioint | • | | | | hysiology 8 | ι Nutrition | |
| | | | | (Sea | I & Signatur | e of the Pri | incipal) |
| | Inetru | ctions to C | | | | | |

- 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 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.



ATAL BIHARI VAJPAYEE MEDICAL UNIVERSITY UTTAR PRADESH, LUCKNOW

EXAMINATION FORM

Form No: (ABVMUUP Office)

| Name of College: College Code |
|---|
| |
| 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 yea |
| (For Office Use) |
| 01. Principal of Biochemistry ALLOWED/ N\$U FRESH PF Colored Photograph Not less |
| 02. Enzymes & Metabolism-II ALLOWED/ NSU FRESH PF than 3.5 cm x 4.00 cm Face Not less |
| 03. Vitamin, Hormones, General Physiology & Nutrition than 2 cm |
| 04. Molecular Biology and Bioinformatics |
| ALLOWED/ NSU FRESH PF |
| |
| · · |
| *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 |
| |
| 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 Studer |

<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>



ATAL BIHARI VAJPAYEE MEDICAL UNIVERSITY UTTAR PRADESH, LUCKNOW

| | | | | Form No: (ABVMUUP | Form No: (ABVMUUP Office) | | |
|---|------------------------------|-----------------------|---|----------------------|---|--|--|
| COURSE NAME | MMLS (Course | Code: 208) | 2st Semester Exam | Batch(| (YYYY) 20 | | |
| (Master | r in Medical Laborat | tory Sciences | for Clinical Bioche | mistry) | | | |
| 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 / M | liss | | | | | | |
| 1. Name of Candidate [First Name, M | iddle Name, Last Name](In E | English): (In CAPITA | LS) * Do not write Mr/Ms | | | | |
| | | | | | | | |
| 2. Father's Name: [First Name, Middle N | Name, Last Name](In English) | i): (In CAPITALS) * | Do not write Mr/Shri | 1 1 1 | | | |
| 3. Mother's Name: [First Name, Middle I | Name Last Name)(In English | h): (In CADITALS) * | Do not write Mrs/Smt | | | | |
| 5. Wother S Name, [Flist Name, Middle i | Name, Last Name](in English | II). (III CAPITALS) | Do not write wirs/sint | | | | |
| 4. Gender: (Male/Female/Other)5.7. Category (UR/OBC/SC/ST)8. R | Date of Birth (DD/MM/ | 6. D | ate of Admission to abor 9. Contact No (Mo | / | D/MM/YYY) | | |
| | | | +91 | | | | |
| 10. Email ID (Please write very clea | urly in CARITAL lottors | only) | | | | | |
| To. Email ID (Flease write very clea | IIIY III CAFITAL letters (| Offig) | | | | | |
| 44. Dermanant Address | | | | | | | |
| 11. Permanent Address | | | | | | | |
| 11. District | 12. St | tate | 13. Pir | n Code | | | |
| | | | | | | | |
| 14. Aadhaar No | | 15. Name of | Selection Board Qualify | ving Exam (e | g CET, etc) | | |
| | | | | J(0 | <u></u> | | |
| | | | | | | | |
| 16. Roll No of the Qualifying Examination | 1 | | | | | | |
| Date (DD/MM/YYYY): | | | (Signa | ture of the St | udent) | | |

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

Name of the Principal
(Seal & Signature of the Principal)

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