

ATAL BIHARI VAJPAYEE MEDICAL UNIVERSITY UTTAR PRADESH, LUCKNOW

							ADMIT CARD							Serial No: (ABVMUUP Office)														
COURSE NAMEMMLSHB(Course Code:208) 2 st Semester Exam (Master in Medical Laboratory Sciences For Hematology & Blood													Batch(YYYY) 20															
			(Mast	er in	Med	ical	Labo	orato	ry So	cienc	es F	or He	emat	olog	y & E	Blood	d Ba	nkin	g)								
Nam		College Code									;																	
Exa	minat	ion (Cent	er: _																								
Examination Roll No																								tha	hotograph han 3.5 cm cm ace Not les		4.00	
ABVMUUP Enrollment No (Student ID No.)				0															N	o Spe	ctacles lass	s or						
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2.	. Father's Name: [First Name, Middle Name, Last Name](In English): (In CAPITALS) * Do not write Mr/Shri																		
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. Applies Hematology-I 2. Clinical Pathology 3. Principles of Immunology 4. Molecular 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.
- 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)

				(ABVM	UUP Office)						
EXAMINATION OF MI	MLSHB(Course Co	ode: 208) 2 st Se	mester Exam	Batc	h(YYYY)	20						
(Master in Medical Laboratory Sciences For Hematology & Blood Banking)												
Name of College:	e Code											
Examination Center:												
Examination Roll No			be filled by	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												
	(Fo	r Office Use)										
01. Applies Hematology-I		ALLOWED/ NS		PF	Colored Photograph Not less							
02. Clinical Pathology		ALLOWED/ NS		PF	than 3.5 cm x 4.00 cm Face Not less							
03. Principles of Immunology		ALLOWED/ NS	U FRESH	PF		an 2 cm ectacles c	or					
04. Molecular Biology and Bioir	formatics	ALLOWED/ NS	U FRESH	PF		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, Mic	ddle Name, Last Name](Ir	n English): (In CAPIT	ALS)* Do not wr	ite Mr/Shri								
3. Mother's Name: [First Name, Mi	ddle Name, Last Name](I	In English): (In CAPIT	ALS)* Do not w	rite Mrs/Smt								
Date (DD/MM/YYYY):	-			(Sig	gnature of	i the Stu	dent)					

<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

		Form No: (ABVMUUP Office)											
COURSE NAME MMLSH	atch(YYYY) 20												
(Master in M	ledical Laboratory	Sciences For Hem	atology & Blood E	anking)									
Name of College:													
Student Registration No. given by College: Ph (If Applicable)													
ABVMUUP Enrollment No (Student ID No.)													
*Example :- Do NOT Prefer Mr /Mrs / M	liss												
1. Name of Candidate [First Name, M	iddle Name, Last Name](In E	English):(In CAPITALS)* D	o not write Mr/Ms										
2. Father's Name: [First Name, Middle N	Iame, Last Name](In English	n): (In CAPITALS) * Do not	write Mr/Shri										
3. Mother's Name: [First Name, Middle 1	Name, Last Name](In English	h): (In CAPITALS) * Do not	write Mrs/Smt										
4. Gender: (Male/Female/Other) 5.	Date of Birth (DD/MM	(XXXX) 6 Date of	Admission to above of										
7. Category (UR/OBC/SC/ST) 8. R	eligion	9.	. Contact No (Mobile	•)									
			+91										
10. Email ID (Please write very clea	rly in CAPITAL letters	only)											
11. Permanent Address													
11. District	12. S	tate	13. Pin Co	ode									
14. Aadhaar No		15. Name of Selec	tion Board Qualifying	Exam (eg CET, etc)									
16. Roll No of the Qualifying Examination	1												
Date (DD/MM/YYYY):			(Signature	of the Student)									
Certified that the Photograph, signal	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)