

2

ATAL BIHARI VAJPAYEE MEDICAL UNIVERSITY UTTAR PRADESH, LUCKNOW

	ADMIT CARD	Serial No: (ABVMUUP Office)
COURSE NAMEM.M.	A.L.P (Course Code: 208) 2 st Semester Exa	•
	(Master in Medical Laboratory Sciences For	Pathology)
Name of College:	Coll	ege Code
Examination Center:		
Examination Roll No		Photograph Not less than 3.5 cm x 4.00
ABVMUUP Enrollment No (Student ID No.)		Face Not less than 2 cm No Spectacles or Glass
*Example :- Do NOT Prefer Mr /Mrs	/ Miss	Signature of the Student
1 Name of Candidate (First Na	me_Middle Name_Last Name](In English): (In CAPITALS)	* Do not write Mr/Ms

ι.	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.	Mot	her's	Nan	ne: [F	irst Na	ame, N	Aiddle	Name	e, Last	Name	e](In E	nglish): (In	CAPIT	ALS)	* Do	not w	rite M	rs/Sm	t			

(Is being permitted in the following Subjects)

1. Histopathology 2 Cytopathology 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.
- 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)

	Aaster in Medical L	aboratory Sciences	s For Pathology)					
Name of College:			College Code					
Examination Center:								
Examination Roll No			(Not t	o be filled by candidate)				
ABVMUUP Enrollment No (Student ID No.)								
Sir,								
t is requested to kindly allow 2021-22		e following subject r Office Use)	of the university exa	mination for the year				
		ALLOWED/ NSU	FRESH PF	Colored Photograph				
1. Histopathology		ALLOWED/ NSU	FRESH PF	Not less than 3.5 cm x 4.00 cm Face Not less than 2 cm				
 Cytopathology Principles of Immunology 		ALLOWED/ NSU	FRESH PF					
 Molecular Biology and Bioir 	formatics	ALLOWED/ NSU	FRESH PF	No Spectacles or Glass				
Example :- Do NOT Prefer Mr /Mrs / M		me](In English): (In CAPI	TALS)* Do not write Mr/M	s				
2. Father's Name: [First Name, Mic	Idle Name, Last Name](Ir	n English): (In CAPITALS) * Do not write Mr/Shri					
2. Father's Name: [First Name, Mic								

<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		M.N	1.L.F	o (Co	ourse	e Co	de:	208) 2 st	Sen	nes	ter E	xam		Bat	tch	(YY)	YY)	2	0		
	(1	Mast	ter ir	n Mee	dical	Lab	orat	ory S	scien	ces	Foi	r Patł	nolog	Jy)								
Name of College:											Col	lege	Code	9			$\underline{\top}$					
Student Registration No (If Applicable)	. give	n by	Col	lege														Photo than				
ABVMUUP Enrollment No (Student ID No.)													Face Not less than 2 cm No Spectacles or Glass									
*Example :- Do NOT Prefer Mr																						
1. Name of Candidate [First	Name, I	Middle	Name	, Last N	vame](In Eng	lish): (IN CAP	TALS)* Do	not	write M	ir/Ms	T			Τ	\top		Т		1
2. Father's Name: [First Name]	Middle	Name	, Last I	Name](In Eng	lish): (In CA	PITALS) * Do	not w	rite I	Mr/Shri					<u> </u>					l
																		Τ				1
3. Mother's Name: [First Name	, Middle	Name	e, Last	Name]	(In Eng	glish): (In CA	PITALS	6)*Do	not v	vrite	Mrs/Sm	nt							t		-
4. Gender: (Male/Female/Ot	her) 5	5. Da	ate of	f Birth) (DD/N	ИМ/ҮҮ	YY)	6	. Date	e of A	dmi	ission	to ab	ove	cour	se	(DD/N	1M/YY	Y)			
] [/	/		/				\Box			/		/	/						
7. Category (UR/OBC/SC/ST)	8. I	Religi	ion							9.	Со	ntact l	No (N	lobil	e)							
												+91										
10. Email ID (Please write ve	erv cle	arlv i	n CAl	ΡΙΤΑΙ	lette	ers on	lv)															<u> </u>
		<u>any</u>					,,											Τ		٦		
11. Permanent Address																			-			
11. District					12.	State	е					1	13. F	Pin C	ode							_
14. Aadhaar No							15.	Name	of S	electi	on E	Board	Quali	fying	g Exa	am	(eg C	ET, et	c)			
						7	Γ								-					Τ	7	
							L															
16. Roll No of the Qualifying Exa	minatic	on																				
Date (DD/MM/YYYY):													(Sign	atur	e of t	he \$	Stud	ent)				
Certified that the Photograph	, signa	ature	and s	studer	nt rec	ord h	avel	been d	check	ed b	v со	llege a	and is	cor	rect							

Name of the Principal (Seal & Signature of the Principal) (Counter Signature of Dean-ABVMUUP) (Medical/Dental/Nursing/Paramedical)