

ATAL BIHARI VAJPAYEE MEDICAL UNIVERSITY UTTAR PRADESH, LUCKNOW

	ADMIT CARD	Serial No: (ABVMUUP Office)
COURSE NAMEM.Optom	(Course Code:) 2 st Semester Exam (Master Of Optometry)	Batch(YYYY) 20
Name of College:	College Code	
Examination Center:		
Examination Roll No ABVMUUP Enrollment No (Student ID No.)		Photograph Not less than 3.5 cm x 4.00 cm Face Not less than 2 cm No Spectacles or Glass
*Example :- Do NOT Prefer Mr /Mrs / Miss 1. Name of Candidate [First Name, Middle	Name, Last Name](In English): (In CAPITALS) * Do not writ	Signature of the Student)

2.	Fath	ner's	Nam	e: [Fi	rst Na	me, M	iddle I	Name,	Last	Name](In Er	glish)	: (In C	CAPIT	ALS)	* Do r	not wr	ite Mr	/Shri			
3.	Mot	her's	Nam	ne: [F	irst Na	ame, N	liddle	Name	, Last	Name	e](In E	nglish)): (In (CAPIT	ALS)	* Do I	not w	rite M	rs/Sm	t		

(Is being permitted in the following Subjects)

1. Ocular Disease and Diagnostics -II 2. Advanced Contact lens I 3Pediatric Optometry & Binocular Vision 4. Low Vision and Geriatric Optometry 5. Research Project 6. Clinical (General) 7. Clinical Specialty

(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)

EXAMINATION OF N	I.Optom (Course Code:) 2 st S (Master Of Optometry)	emester Exam B	Batch(YYYY) 20					
Name of College:		College Code						
Examination Center:								
Examination Roll No		A)	lot 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 year 2021-22

- 01. Ocular Disease and Diagnostics -II
- 02. Advanced Contact lens I
- 03. Pediatric Optometry & Binocular Vision
- 04. Low Vision and Geriatric Optometry
- 05. Research Project
- 06. Clinical (General)
- 07. Clinical Specialty

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

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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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								. !	, ,		1 1		1

Date (DD/MM/YYYY):

(Signature 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>

(For Office Use)

ALLOWED/ NSU	FRESH	PF
ALLOWED/ NSU	FRESH	PF

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



ATAL BIHARI VAJPAYEE MEDICAL UNIVERSITY UTTAR PRADESH, LUCKNOW

		Form No: (ABVMUUP Office)									
COURSE NAME	M.Optom (Co	urse Code:) 2 st Sem	ester Exam	Batch	Batch(YYYY) 20					
	(Master	Of Optomet	ry)								
Name of College:				College Co	de						
Student Registration No. give (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 / I											
1. Name of Candidate [First Name, I	Viddle Name, Last Nam	ne](In English): (In	CAPITALS)*	Do not write Mr/Ms	;						
2. Father's Name: [First Name, Middle	Name, Last Name](In E	English): (In CAPI	TALS) * Do no	ot write Mr/Shri							
			,								
3. Mother's Name: [First Name, Middle	Name, Last Name](In	English): (In CAPI	ITALS) * Do n	ot write Mrs/Smt	I						
4. Gender: (Male/Female/Other) 5	5. Date of Birth (D		6. Date c	of Admission to a	above course	(DD/MM/YYY)					
	/	/ /			/						
7. Category (UR/OBC/SC/ST) 8.	Religion	, , , ,		9. Contact No	(Mobile)						
				+91							
10. Email ID (Please write very cle	arly in CAPITAL le	etters only)									
11. Permanent Address											
TT. Fermanent Address											
11. District	12	2. State		13.	Pin Code						
14. Aadhaar No		15. N	ame of Sele	ection Board Qua	alifying Exam	(eq CET, etc)					
16. Roll No of the Qualifying Examination	n										
Date (DD/MM/YYYY):		,, ·	, .		gnature of the	Student)					
Certified that the Photograph, signa	ature and student r	record have be	en checked	t by college and	is correct						

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