

ATAL BIHARI VAJPAYEE MEDICAL UNIVERSITY UTTAR PRADESH, LUCKNOW

	ADMIT CARD	Serial No: (ABVMUUP Office)
COURSE NAME MC	OTT (Course Code: 200) 2st Semester	• •
	(M.Sc in Operation Theatre Tec	hnology)
Name of College:		College Code
Examination Center:		
Examination Roll No		Photograph Not less than 3.5 cm x 4.00 cm
ABVMUUP Enrollment No (Student ID No.)		Face Not less than 2 cm No Spectacles or Glass
*Example :- Do NOT Prefer Mr /Mrs / 1. Name of Candidate [First Name of Candidate First Name	Miss ne, Middle Name, Last Name](In English): (In CAPI	Signature of the Studer TALS) * Do not write Mr/Ms
2. Father's Name: [First Name, M	iddle Name, Last Name](In English): (In CAPITALS	S) * Do not write Mr/Shri
3. Mother's Name: [First Name, N	liddle Name, Last Name](In English): (In CAPITAL:	S) * Do not write Mrs/Smt
Basic Medicine and Medical Biostatistics	(Is being permitted in the followin Ethics 2. Basic of Anesthesia 3 Basic	ng Subjects) of Surgery 4. Research Methodology and
		(Seal & Signature of the Princip

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 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)

	`	e: 200) 2 st Semesteration Theatre Tech		Batch(YYYY) 20
	(W.SC III Ope	eration Theatre Teci	illology)	
Name of College:			College Cod	le
Examination Center:				
Examination Roll No				(Not to be filled by candidate)
ABVMUUP Enrollment No (Student ID No.)				
Sir,				
t is requested to kindly allow	me to appear in th	e following subject	of the university	y exam <u>ination for the year</u>
2021-22	(Fo	r Office Use)		
01. Basic Medicine and Medical Ethics		ALLOWED/ NSU	FRESH PF	Colored Photograph Not less
22. Basic of Anesthesia	ALLOWED/ NSU	FRESH PF	than 3.5 cm x 4.00 cm	
3. Basic of Surgery	ALLOWED/ NSU	FRESH PF	than 2 cm No Spectacles or	
04 . Research Methodology and	ALLOWED/ NSU	FRESH PF	Glass	
Example :- Do NOT Prefer Mr /Mrs / I	Miss			
Name of Candidate [First Name of Candidate First Name of Candid	e, Middle Name, Last Na	me](In English): (In CAPI	TALS) * Do not write	e Mr/Ms
2. Father's Name: [First Name, Mi	ddle Name, Last Name)(l	n English): (In CAPITALS) * Do not write Mr/	Shri
		In English): (In CAPITALS	S) * Do not write Mr.	s/Smt
3. Mother's Name: [First Name, M	iddle Name, Last Namel(- ,	
3. Mother's Name: [First Name, M	iddle Name, Last Name](
3. Mother's Name: [First Name, M	iddle Name, Last Name](

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

The student is allowed to appear in the examination as indicated above.

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



ATAL BIHARI VAJPAYEE MEDICAL UNIVERSITY UTTAR PRADESH, LUCKNOW

	ENROLL	Form No: (ABVMUUP Office)	
COURSE NAME	MOTT (Course Code:	200) 2 st Semester Exam	Batch(YYYY) 20
	(M.Sc in Operatio	n Theatre Technology)	
Name of College:		College Code	e
Student Registration No. given (If Applicable)	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	iss		
1. Name of Candidate [First Name, Mi	iddle Name, Last Name](In English): (In CAPITALS) * Do not write Mr/Ms	
2. Father's Name: [First Name, Middle N	lame, Last Name](In English): (In 0	CAPITALS) * Do not write Mr/Shri	
3. Mother's Name: [First Name, Middle N	Name Leat Name (In English) (In	CARITAL C \ * Do not write Mro/Cmt	
5. Woulder's Name, Middle N	vame, Last Namej(in English): (in	CAPITALS) * Do not write Mrs/5mt	
4. Gender: (Male/Female/Other)5.7. Category (UR/OBC/SC/ST)8. Remain of the control of the c	Date of Birth (DD/MM/YYYY)	6. Date of Admission to ab 9. Contact No (M	
		+91	
10. Email ID (Please write very clear	rly in CARITAL letters only)		
To: Email 15 (Flease white very clear	III GAT TIAL letters only)		
44. Downson and Address			
11. Permanent Address			
11. District	12. State	13. F	Pin Code
14. Aadhaar No	15	Name of Selection Board Quali	ifving Exam (eg CET etc)
		Tamo di Colcollori Bodia Quali	7,g = Adm (og 021, 600)
16. Roll No of the Qualifying Examination	ı		
Date (DD/MM/YYYY):		(Sign	nature of the Student)

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)