

ATAL BIHARI VAJPAYEE MEDICAL UNIVERSITY UTTAR PRADESH, LUCKNOW

ADMIT CARD Serial No: (ABVMUUP Office) COURSE NAME......MPT (Course Code:201) 2st Semester Exam Batch(YYYY).... 20..... (Master In Physiotherapy) Name of College: **College Code** Examination Center: **Examination Roll No** Photograph Not less than 3.5 cm x 4.00 cm Face Not less than 2 **ABVMUUP Enrollment No** cm (Student ID No.) 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 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

(Is being permitted in the following Subjects)

1. Electrophysiology 2. Advance In Physiotherapy Assessment 3. Advance In Physiotherapy Techniques 4.Elective-I

(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 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.
- Candidate shall not leave any identification mark anywhere in the answer book. if any candidate put's any type of identification 7. mark on the answer book, then it will be considered as use of unfair means and suitable action will be taken as per rules.

Signature of the Student)



ATAL BIHARI VAJPAYEE MEDICAL UNIVERSITY UTTAR PRADESH, LUCKNOW

EXAMINATION FORM

Form No: (ABVMUUP Office)

	201)	1) 2 st Semester Exam									Batch(ʏʏʏʏ) 20							
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Examination Roll No											(Not	to be	filled	by ca	andida	te)		
ABVMUUP Enrollment No (Student ID No.)																		
Sir,																		
t is requested to kindly allow 2021-22	r me to ap	pear in	the fo	ollow	ing s	subje	ct o	of the	univ	ersit	y exa	amin	natio	n fo	r the	year		
		(For O	ffice	Use)												
01. Electrophysiology		ALLC	WED	/ NSL	1	FRESH PF					Colored Photograph Not less than 3.5 cm x 4.00 cm							
	 Advance In Physiotherapy Assessment 									PF			Face Not less than 2 cm					
3. Advance In Physiotherapy				ALLOWED/ NSU					FRESH PF					No Spectacles or Glass				
04. Elective-I				ALLC	WED	/ NSL	<u>ו</u>	FRE	SH	PF								
*Example :- Do NOT Prefer Mr /Mrs /	Miss																	
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2. Father's Name: [First Name, M	iddle Name,	Last Name	e](In Er	nglish):	: (In C	APITA	ALS)	Don			/01111							
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<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)

Date (DD/MM/YYYY):

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

(Signature of the Student)



ATAL BIHARI VAJPAYEE MEDICAL UNIVERSITY UTTAR PRADESH, LUCKNOW

ENROLLMENT FORM											Form No: (ABVMUUP Office)													
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ABVMUUP Enrollment No (Student ID No.)															Face I	cm Face Not less than 2 cm No Spectacles or Glass								
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2. Father's	Name	: (First	t Name	. Middle	e Name	. Last	Namel	'In Ena	lish): (In CA	PITALS	6) * Do	o not v	vrite N	/Ir/Shr	i								
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3. Mother's	s Nam	e: [Firs	st Name	e, Middl	e Nam	e, Last	Name]	(In Eng	glish): (In C/	APITAL	S)*D	o not	write	Mrs/Si	nt				<u> </u>				
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Name of the Principal (Seal & Signature of the Principal) (Counter Signature of Dean-ABVMUUP) (Medical/Dental/Nursing/Paramedical)