

ATAL BIHARI VAJPAYEE MEDICAL UNIVERSITY UTTAR PRADESH, LUCKNOW

	ADMIT CARD	Serial No: (ABVMUUP Office)
COURSE NAME	BMLS (Course Code:108) 1st Semester Exam	Batch
	(Bachelor In Medical Laboratory Science)	
Name of College:	College C	ode
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
	Miss ne, Middle Name, Last Name](In English): (In CAPITALS) * Do not diddle Name, Last Name](In English): (In CAPITALS) * Do not writ	
3. Mother's Name: [First Name, N	liddle Name, Last Name](In English): (In CAPITALS) * Do not wri	te Mrs/Smt
·	(Is being permitted in the following Subjects) a Science 2.English Communication and Soft skills 5. Basic Preventive Medicine and Community Health	•
		(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)

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Examination Roll No															(Not					t 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 2023-24 (For Office Use)																											
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01. Basic Computer & information Science 02. English Communication and Soft skills ALLOWED/ NSU FRESH PF										Colored Photograph Not less than 3.5 cm x 4.00 cm																	
03. Introduction to Quality & Patient Safety									ALLOWED/ NSU					FRESH PF			Face Not less										
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2.	2. Father's Name: [First Name, Middle Name, Last Name](In English): (In CAPITALS) * Do not write Mr/Shri																										
3.	Mo	the	er's	Naı	me: [First	Nar	me. N	∕liddle	Name	e. Last	Name	el(In I	Enalis	h): (In CA	\PITA	ALS)	* Do	not v	vrite l	Mrs/Sn	nt				
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Certified that the Photograph, signature and student record have been checked by college and is correct The student is allowed to appear in the examination as indicated above.																											

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

	ENROLLMENT FOR	RM Form I	No: UUP Office)				
COURSE NAME BN	ILS (Course Code: 108) 1st Seachelor In Medical Laborator		h				
Name of College:	acheioi III Medicai Laboratoi	College Code					
Student Registration No. given b	y College:		Photograph Not less than 3.5 cm x 4.00 cm Face Not less than 2 cm No Spectacles or Glass				
ABVMUUP Enrollment No (Student ID No.)							
*Example :- Do NOT Prefer Mr /Mrs / Miss							
1. Name of Candidate [First Name, Midd			s				
2. Father's Name: [First Name, Middle Nar	ne, Last Name](In English): (In CAPITALS) * Do not write Mr/Shri					
3. Mother's Name: [First Name, Middle Na	me, Last Name](In English): (In CAPITALS	3) * Do not write Mrs/Smt					
4. Gender: (Male/Female/Other) 5.	Date of Birth (DD/MM/YYYY) 6.	Date of Admission to a	bove course (DD/MM/YYY)				
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7. Category (UR/OBC/SC/ST) 8. Re	ligion	9. Contact No (Mobile)				
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10. Email ID (Please write very clearly	/ In CAPITAL letters only)						
11. Permanent Address							
11. District	12. State	13. F	Pin Code				
14. Aadhaar No		ection Board Qualifying	Exam (eg CFT, etc)				
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16. Roll No of the Qualifying Examination							
Date (DD/MM/YYYY):		(Si.	gnature 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)