

ATAL BIHARI VAJPAYEE MEDICAL UNIVERSITY UTTAR PRADESH, LUCKNOW

Serial No:

ADMIT CARD

		(ABVMUUP Office)					
COURSE NAME	BMRIT (Course Code:110) 1st Seme	ester Exam Batch					
(E	achelor of Medical Radiology Imagin	g Technology)					
Name of College:	C	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					
		Signature of the Studen					
*Example :- Do NOT Prefer Mr /Mrs /							
1. Name of Candidate [First Nar	ne, Middle Name, Last Name](In English): (In CAPITA	LS) * Do not write Mr/Ms					
2. Father's Name: [First Name, N	iddle Name, Last Name](In English): (In CAPITALS) *	Do not write Mr/Shri					
3. Mother's Name: [First Name, N	fliddle Name, Last Name](In English): (In CAPITALS)	* Do not write Mrs/Smt					
(Is being permitted in the following Subjects)							
General Anatomy- I 2.Gen	eral Physiology-I 3. Basic in Computer &	Information Science 4. Introduction to					
•	Applied Physics 6. Image Acquisition , Pro						
		(Seal & Signature of the Principa					
		(Jean & Signature of the Fillicipal					
	Instructions to Candidate	es es					

- 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)

COURSE NAME BMRIT (Course Code:110) 1st Semester Exam Batch									
Name of College:				College Code					
Examination Center:									
Examination Roll No				(N	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 2023-24 (For Office Use)									
01. General Anatomy- I	AL	ALLOWED/ NSU FRESH		PF	Colored Photograph				
UI: Contrait / materiny 1		ALLOWED/ NSU FRESH		PF	Not less than 3.5 cm x 4.00 cm Face Not less than 2 cm				
03. Basic in Computer & Information Scien		ALLOWED/ NSU FRESH		PF					
04. Introduction to Quality and Patient Safe		ALLOWED/ NSU FRESH		PF	No Spectacles or Glass				
05. Applied Physics		ALLOWED/ NSU FRESH		PF					
06. Image Acquisition , Process	ing & Archi AL	ALLOWED/ NSU FRESH		PF					
*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, Mi	ddle Name, Last Na	ame](In English): (Ir	CAPITALS)	* Do not write Mrs/S	mt				
Date (DD/MM/YYYY): (Signature of the Student) Contified that the Photograph, signature and student record have been checked by college and is correct.									

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.



ATAL BIHARI VAJPAYEE MEDICAL UNIVERSITY UTTAR PRADESH, LUCKNOW

	ENROL	LMENT FOR	M For (AB'	rm No: VMUUP Office)
COURSE NAME	BMRIT (Course Code	e:110) 1 st Semes	ter Exam Bat	ch
(Ba	achelor of Medical R	Radiology Imagir	ng Technology)	
Name of College:		(College Code	
Student Registration No. giv	ven by College:			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 / N	liss			
1. Name of Candidate [First Nam	ne, Middle Name, Last Name](In English): (In CAPIT	ALS)* Do not write M	Ir/Ms
2. Father's Name: [First Name, Mid	Idle Name Last Namel(In En	nglish): (In CAPITALS)	* Do not write Mr/Shri	
2. Tatrior o rearrie. [riist rearrie, ivid	ladic Name, East Name;(iii Eli	Igiisii). (III OAI ITALO)	Bo not write im/oinf	
3. Mother's Name: [First Name, Mid	ddle Name, Last Name](In Ei	nglish): (In CAPITALS)	* Do not write Mrs/Sn	nt
4. Gender: (Male/Female/Other)) 5. Date of Birth (DD/I	MM/YYYY) 6. D	ate of Admission to	o above course (DD/MM/YYY)
7. Category (UR/OBC/SC/ST) 8	3. Religion	_	9. Contact N	lo (Mobile)
			+91	
10. Email ID (Please write very	clearly in CAPITAL lette	ers only)	<u> </u>	
11. Permanent Address				
11. District	12. Sta	ite	13.	Pin Code
14. Aadhaar No		15 Name of Solo	ction Roard Qualify	/ing Exam (eg CET, etc)
14. Aduliaal No		15. Name of Sele	Clion Board Quality	Ting Exam (eg CE1, etc)
16. Roll No of the Qualifying Examir	nation			
Date (DD/MM/YYYY):				(Signature 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)