

## ATAL BIHARI VAJPAYEE MEDICAL UNIVERSITY UTTAR PRADESH, LUCKNOW

		ADMIT CARD	<b>Serial No:</b> (ABVMUUP Office)
COURSE NAME	ВОММ	(Course Code: 111 ) 1 <sup>st</sup> Seme	ester Exam Batch
	(Ва	chelor Of Medical Microbiolo	ogy)
Name of College:		Со	Ilege Code
Examination Center:			
Examination Roll No			Photograph Not les than 3.5 cm x 4.00 cm
ABVMUUP Enrollment No (Student ID No.)			Face Not less than cm No Spectacles or Glass
*Example :- Do NOT Prefer Mr /Mrs /		ne, Last Name](In English): ( In CAPITALS	Signature of the Stud ) * Do not write Mr/Ms
2. Father's Name: [First Name, N	liddle Name, La	st Name](In English): ( In CAPITALS ) * D	o not write Mr/Shri
3 Mother's Name: [First Name I	Middle Name 1	ast Name](In English): ( In CAPITALS ) * [	On not write Mrs/Smt
. Would distance, it not reality, i	Vildale Hame, Ed	ast Name (in English). ( in 6/11 17/26 )	
	(Is bei	ng permitted in the following Su	ıbjects)
Basic Computer & Information	on Sciences	2.English Communication & Sof	t Skill 3.Introduction to Quality & Patie
Safety 4.Medical Law & Ethic	s 5.Basic Pr	reventive Medicine & Community I	Health Care 6. Environment Science
			(Seal & Signature of the Princ

#### **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)

EXAMINATION OF	`		de: 111) <b>/ledical N</b>				Batc	h		••••	
Name of College:					Co	ollege Co	ode				
Examination Center:											
Examination Roll No							(Not to	be filled	by cand	lidate	)
ABVMUUP Enrollment No (Student ID No.)											
Sir, It is requested to kindly allow 2023-24	me to appear	in the fo	ollowing	subjec	t of the	e universi	ity exan	ninatio	n for t	he y	/ear
2020 24		(Fo	or Office	Use)							
01. Basic Computer & Information	on Sciences	ALI OV	WED/ NSU	FR	ESH	PF					
02. English Communication & S	ALLOWED/ NSU FRES				PF						
03. Introduction to Quality & Pat	ALLOWED/ NSU		_	FRESH PF							
04. Medical Law & Ethics	ALLOWED/ NSU FF		FRESH PF								
<ul><li>05. Basic Preventive Medicine &amp; Community I</li><li>06. Environment Science</li></ul>		ALLOWED/ NSU ALLOWED/ NSU		FR	FRESH PF						
				FR							
*Example :- Do NOT Prefer Mr /Mrs / N  1. Name of Candidate [First Name		.ast Name]	(In English):	( In CAP	PITALS)	* Do not wr	ite Mr/Ms				
2. Father's Name: [First Name, Mic	ddle Name, Last N	lame](In Er	nglish): ( In (	CAPITAL	.S)* <b>Do</b>	not write M	r/Shri				
3. Mother's Name: [First Name, Mi	ddle Name, Last I	Name](In E	inglish): ( In	CAPITAL	_S)* <b>Do</b>	not write N	/Irs/Smt	'			
Date (DD/MM/YYYY):		tudont ro	cord have	hoon	chocke	d by sollo		jnature		Stud	lent)

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

	ENROLL	MENT FORM	Form I (ABVM)	<b>No:</b> JUP Office)
COURSE NAME	•	•	er Exam Batc	h
	(Bachelor Of Medica	ii Microbiology)		
Name of College:		Col	lege Code	
Student Registration No. giv	ven by College:			Photograph Not less than 3.5 cm x 4.00
ABVMUUP Enrollment No (Student ID No.)				Face Not less than 2 cm No Spectacles or Glass
*Example :- Do NOT Prefer Mr /Mrs / M	liss			
1. Name of Candidate [First Nam	ne, Middle Name, Last Name](In	English): ( In CAPITALS	) * Do not write Mr/M	s
2. Father's Name: [First Name, Mide	dle Name, Last Name](In English	h): (In CAPITALS) * Do	not write Mr/Shri	
3. Mother's Name: [First Name, Mic	ddle Name, Last Name](In Englis	sh): ( In CAPITALS ) * De	o 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)
		,		<del>.                                     </del>
7. Category (UR/OBC/SC/ST) 8	8. Religion		9. Contact No (	Mobile)
			+91	
10. Email ID ( Please write very of	oloogly in CARITAL letters			
10. Email ID ( Please write very t	Clearly III CAPITAL letters			
11. Permanent Address				
11. District	12. State		13 🗗	Pin Code
11. District	12. State		13. T	
14. Aadhaar No	15.	Name of Selection	n Board Qualifying	Exam (eg CET, etc)
16. Roll No of the Qualifying Examin	ation			
. •	L			
Date (DD/MM/YYYY):			(Sie	gnature of the Student)

Certified that the Photograph, signature and student record have been checked by college and is correct