

ATAL BIHARI VAJPAYEE MEDICAL UNIVERSITY UTTAR PRADESH, LUCKNOW

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*E)	amp	ole :-	Do N	OT Pro	efer Mr	/Mrs /	Miss													Sig	gnatı	ire of	the S	Stude	nt)
1.	Na	me	of Ca	andida	ate [Fir	st Nar	ne, Mi	ddle N	lame,	Last N	lame](In En	glish):	(In C	ΑΡΙΤΑ	LS) *	Do n	ot writ	e Mr/I	Ms					
2.	Fat	her'	s Na	me: [First Na	ime, N	liddle	Name,	, Last	Name]	(In Er	nglish)	: (In (ALS)	* Do r	not wr	ite 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. General Anatomy-I	2. General Physiology-I	3. Basic in Computer & Information Sciences	4.Introduction to
Quality & Patient Safe	ty 5. Applied Physics	6. Image acquisition Processing and acquiring	

(Seal & Signature of the Principal)

Instructions to Candidates

- 1. Candidates will be allowed to enter the examination hall on production of Admit Card.
- 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)

EXAMINATION	·	06) 1 st Semester Exam e Paramedical)	Batch
	(Graduat	e Parameuical)	
Name of College:		College	Code
Examination Center:			
Examination Roll No			(Not to be filled by candidate)
ABVMUUP Enrollment No (Student ID No.)			
(0.000.00.00.000)			
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)

ALLOWED/ NSU

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- 01. General Anatomy-I
- 02. General Physiology-I
- 03. Basic in Computer & Information Sciences
- 04. Introduction to Quality & Patient Safety
- 05. Applied Physics
- 06. Image acquisition Processing and acquiring

*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

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3. Mother's Name: [First Name, Middle Name, Last Name](In English): (In CAPITALS) * Do not write Mrs/Smt

Date (DD/MM/YYYY): _____

(Signature of the Student)

Colored Photograph

Not less

than 3.5 cm x 4.00 cm

Face Not less

than 2 cm

No Spectacles or Glass

<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)



ATAL BIHARI VAJPAYEE MEDICAL UNIVERSITY UTTAR PRADESH, LUCKNOW

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COURSE NAME C	TMRI (Co	ourse Co	ode: 10	6) 1 st	Sem	este	er Ex	am	В	atcl	n					
		(Gr	aduate	Para	medi	cal)										
Name of College:						(Colle	ge Co	de							
Student Registration No. give (If Applicable)	n by Coll	ege:											Photog than 3			
ABVMUUP Enrollment No (Student ID No.)												F	Face N No S	cm	cles	
*Example :- Do NOT Prefer Mr /Mrs / I																
1. Name of Candidate [First Name, N	/liddle Name,	Last Name](I	n English)	: (In CAF	PITALS) * Do	not wr	ite Mr/M	s				<u> </u>	<u> </u>		
2. Father's Name: [First Name, Middle	Name, Last N	lame](In Engl	lish): (In C	APITALS	5) * Do	not wr	ite Mr/	Shri]
3. Mother's Name: [First Name, Middle	Name, Last I	Name](In Eng	llish): (In C		S)*Do	not w	rite Mr	s/Smt								
4. Gender: (Male/Female/Other) 5	5. Date of	Birth (DD/M	IM/YYYY)	6	6. Date	e of A	dmiss	sion to	above	e cou	rse (DD/M	Μ/ΥΥΥ)		
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7. Category (UR/OBC/SC/ST) 8. F	Religion					 9.	Conta	act No	(Mob	ile)						
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11. Permanent Address																
11. District		12.	State					13.	Pin	Code						
14. Aadhaar No			15.	Name	e of Se	electio	on Bo	ard Qu	ıalifyir	ng Ex	am (eg Cl	ET, etc)	1		
16. Roll No of the Qualifying Examination	n															
Date (DD/MM/YYYY):					•	•	- 1	(Si	gnatu	re of	the S	Stude	ent)			
Certified that the Photograph, signa	ture and s	tudent rec	ord have	e been	check	ed by	, colle	ge and	l is co	orrect						

Name of the Principal (Seal & Signature of the Principal) (Counter Signature of Dean-ABVMUUP) (Medical/Dental/Nursing/Paramedical)