

ATAL BIHARI VAJPAYEE MEDICAL UNIVERSITY UTTAR PRADESH, LUCKNOW

	ADMIT CAI	Serial No: (ABVMUUP Office)	
COURSE NAMEP. G	Diploma D.G.O (Course Code: (Diploma in Gynecology and	, .	Batch 2021-2022
Name of College:		College Code	
Examination Center:			
Examination Roll No			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 / Miss

1. Name of Candidate [First Name, Middle Name, Last Name](In English): (In CAPITALS) * Do not write Mr/Ms

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2.	2. Father's Name: [First Name, Middle Name, Last Name](In English): (In CAPITALS) * Do not write Mr/Shri																			
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3.	3. Mother's Name: [First Name, Middle Name, Last Name](In English): (In CAPITALS) * Do not write Mrs/Smt																			
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(Is being permitted in the following Subjects)

1. Basic Sciences related to Obstetrics and Gynecology and recent advances **2.** Obstetrics including social obstetrics and diseases of new born **3.** Gynecology including fertility regulation

(Seal & Signature of the Principal)

Signature of the Student)

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)

(Diploma in Gynecology and Obstetrics D.G.O) Name of College: College Code Examination Center:	
Examination Center: Examination Roll No ABVMUUP Enrollment No (Student ID No.) Sir,)
Examination Roll No (Not to be filled by candidate ABVMUUP Enrollment No (Not to be filled by candidate (Student ID No.) Sir,	
ABVMUUP Enrollment No (Student ID No.))
(Student ID No.)	
It is requested to kindly allow me to appear in the following subject of the university examination for the y 2021-22	ear
(For Office Use)	
01. Basic Sciences related to Obstetrics and Gynecology and ALLOWED/ NSU FRESH PF	
02. Obstetrics including social obstetrics and diseases of new ALLOWED/ NSU FRESH PF Colored Photogra	ph
03. Gynecology including fertility regulation ALLOWED/ NSU FRESH PF Not less than 3.5 cm x 4.00 Face Not less Face Not less	cm
 *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 	ſ
1. Name of Candidate [First Name, Middle Name, Last Name] (in English). (in CAPITALS) Do not write MirMis	
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	
Date (DD/MM/YYYY): (Signature of the Studer	t)
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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>	



ATAL BIHARI VAJPAYEE MEDICAL UNIVERSITY UTTAR PRADESH, LUCKNOW

												Form No: (ABVMUUP Office)					
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Student Registration No. gi	ven by Co	ollege: _										otogra an 3.5					
ABVMUUP Enrollment No (Student ID No.)											cm Face Not less than 2 cm						
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2. Father's Name: [First Name, Mid	ddle Name, La	ast Name](In	n English)	: (In CAF	ITALS)	* Do r	ot writ	e Mr/	Shri					-			
3. Mother's Name: [First Name, Mi	ddle Name, La	ast Name](li	n English): (In CA	PITALS) * Do I	not wr	te Mr	s/Smt		•						
4. Gender: (Male/Female/Other) 5 Date	of Birth (6 [)ate c	of ∆dı	nicci	ion ta	n aho			/חח/	MM/YY			
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16. Roll No of the Qualifying Exami	nation																
Date (DD/MM/YYYY):	_									(Sign	ature	of th	e Stu	ident)			
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Certified that the Photograph, signature and student record have been checked by college and is correct