



ATAL BIHARI VAJPAYEE MEDICAL UNIVERSITY UTTAR PRADESH, LUCKNOW

EXAMINATION FORM

Form No:
(ABVMUUP Office)

EXAMINATION OFBMLT (Code: 102) PROFESSIONAL1.....EXAMINATION OF 2020-2021

Name of College:

College Code

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Examination Center:

Examination Roll No

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(Not to be filled by candidate)

ABVMUUP Enrollment No

(Student ID No.)

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Sir,

It is requested to kindly allow me to appear in the following subject of the university examination for the year 2020-21

(For Office Use)

01. General Pathology & General Microbiology
02. Hematology
03. Fundamentals of Anatomy & Physiology
04. Basic of Biochemistry, Clinical Pathology, Instruments & Reagents
05. _____
06. _____
07. _____

ALLOWED/ NSU	FRESH	PF
ALLOWED/ NSU	FRESH	PF
ALLOWED/ NSU	FRESH	PF
ALLOWED/ NSU	FRESH	PF
ALLOWED/ NSU	FRESH	PF
ALLOWED/ NSU	FRESH	PF
ALLOWED/ NSU	FRESH	PF

Colored Photograph
Not less
than 3.5 cm x 4.00 cm
Face Not less
than 2 cm
No Spectacles or
Glass

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

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Date (DD/MM/YYYY): _____

(Signature of the Student)

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.

(Seal & Signature of the Principal)

(Counter Signature of Dean-ABVMUUP)
(Medical/Dental/Nursing/Paramedical)