

ATAL BIHARI VAJPAYEE MEDICAL UNIVERSITY UTTAR PRADESH, LUCKNOW

	ADMIT CARD	Serial No: (ABVMUUP Office)
COURSE NAMEBCTM (C	Course Code: 106) 1 st Semes or of Science in CT/MRI Ted	
Name of College:	C	ollege 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
*Example :- Do NOT Prefer Mr /Mrs / Miss		Signature of the Studer
Name of Candidate [First Name, Middle Name	e, Last Name](In English): (In CAPITAL	S)*Do not write Mr/Ms
2. Father's Name: [First Name, Middle Name, Las	st Name](In English): (In CAPITALS) *	Do not write Mr/Shri
3. Mother's Name: [First Name, Middle Name, La	st Namel(In English): / In CAPITALS) *	Do not write Mrs/Smt
, `	* **	Subjects) Computer & Information Science Image Acquisition Processing and Acquiring (Seal & Signature of the Principa
	netructions to Candidate	

- 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 include 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 NAMEBCTM (Course Code: 106) 1st Semester Exam (Bachelor of Science in CT/MRI Techniques)																	
Name of College:				Col	lege	e Co	de										
Examination Center:																	
Examination Roll No					- A A A A A A A A A A A A A A A A A A A					(No	Not 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 2021-22 (For Office Use)																	
01. General Anatomy-1	Γ	ALLOW	/ED/ NS	U	FRE	SH	PF	7			Colored Photograph						
02. General Physiology-1	Ē	ALLOW	/ED/ NS			1					Not less than 3.5 cm x 4.00 cm						
03. Basic in Computer Information S	Science	ALLOW		\rightarrow	FRE	-	PF PF	Face Not les than 2 cm						_			
04. Introduction to Quality & Patient	Safety	ALLOW			FRESH PF				No Spectacles or Glass								
05. Applied Physics		ALLOW	-		FRESH PF				<u> </u>								
06. Image Acquisition Processing acquiring	and	ALLOW	SH	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																	
										T							
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, Mid	idie Name, La	st Name](Ir	n English): (In (CAPIT	ALS)	* Do i	not w	rite M	lrs/Sr	nt						
Date (DD/MM/YYYY):	nature and						cked	by c	colleg		_	nature corre		e Stu	dent)		

Name of the Principal
(Seal & Signature of the Principal)

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



ATAL BIHARI VAJPAYEE MEDICAL UNIVERSITY UTTAR PRADESH, LUCKNOW

				ENROLLMENT FORM											Form No: (ABVMUUP Office)																	
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Name of College: College Code																																
Student Registration No. given 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													
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Date) (D	D/M	M/Y	YYY):																					(Sig	natu	ire	of th	ne St	ude	nt)

Name of the Principal (Seal & Signature of the Principal)

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

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