

## ATAL BIHARI VAJPAYEE MEDICAL UNIVERSITY UTTAR PRADESH, LUCKNOW

	ADMIT CA	RD	Serial No: (ABVMUUP Office)
COURSE NAME	BMLS (Course Code:108 ) 4	<sup>st</sup> Semester Exam	Batch
	(Bachelor In Medical Labo	oratory Science)	
Name of College:		College Cod	e
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
			Glass
*Example :- Do NOT Prefer Mr /Mrs	/ Miss		Signature of the Student)
1 Name of Candidate (First Na	me Middle Name Last Name](In English); (	In CAPITALS ) * <b>Do not wr</b>	te Mr/Ms

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ath	ner's	Nam	e: [Fi	rst Na	me, M	iddle I	Name,	Last	Name	](In Er	nglish)	: ( In C	CAPIT/	ALS)	* Do r	ot wr	ite Mr	/Shri				
∕lotl	her's	Nam	ne: [F	irst Na	ame, N	/liddle	Name	, Last	Name	e](In E	nglish)	): ( In (	CAPIT	ALS)	* <b>Do</b>	not wi	rite M	rs/Sm	t			
																			ather's Name: [First Name, Middle Name, Last Name](In English): (In CAPITALS) * Do not write Mr/Shri other's Name: [First Name, Middle Name, Last Name](In English): (In CAPITALS) * Do not write Mrs/Sm	ather's Name: [First Name, Middle Name, Last Name](In English): (In CAPITALS) * Do not write Mr/Shri other'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. Applied Bacteriology 2. Applied Haematology- I 3. Analytical Clinical Biochemistry 4. Applied Histopathology - I

(Seal & Signature of the Principal)

### **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**

(ABVMUUP Office)
COURSE NAME.......BMLS (Course Code: 108) 4<sup>st</sup> Semester Exam Batch......
(Bachelor In Medical Laboratory Science)
Name of College:
College Code
Examination Center:
Examination Center:
Examination Roll No
ABVMUUP Enrollment No
(Not to be filled by candidate)
ABVMUUP Enrollment 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)

ALLOWED/ NSU FRESH PF 01. Applied Bacteriology 02. Applied Haematology- I ALLOWED/ NSU FRESH PF 03. Analytical Clinical Biochemistry ALLOWED/ NSU FRESH PF Applied Histopathology - I 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

Form No:

### 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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1 1												

Date (DD/MM/YYYY): \_\_\_\_\_

### (Signature of the Student)

<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>