

## ATAL BIHARI VAJPAYEE MEDICAL UNIVERSITY UTTAR PRADESH, LUCKNOW

Serial No:

ADMIT CARD

		(ABVMUUP Office)
OURSE NAME	BMRIT (Course Code:110 ) 4st Semester Ex	kam <b>Batch</b>
(E	Bachelor of Medical Radiology Imaging Tech	inology)
lame 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
Name of Candidate [First Name of Candidate   First Name of Candidate	ne, Middle Name, Last Name](In English): (In CAPITALS) * <b>Do</b>	not write Mr/Ms
Father's Name: [First Name, N	liddle Name, Last Name](In English): (In CAPITALS) * <b>Do not v</b>	write Mr/Shri
. Mother's Name: [First Name, I	// // // // // // // // // // // // //	write Mrs/Smt
	(Is being permitted in the following Subject	ts)
. Physics of Newer imaging m	odalities 2. Clinical Radiography positioning -II 3	
echniques including patient ca	re 4. Quality control in radiology and radiation safe	ety
		(Seal & Signature of the Principa

- 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 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.



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## **EXAMINATION FORM**

Form No: (ABVMUUP Office)

COURSE NAME	BMRIT (Co	ourse Cod	de:110)	4 <sup>st</sup> Seme	ster E	xam	Batch						
(Ba	achelor of	Medical I	Radiolog	gy Imagi	ng Te	chnolog	Jy)						
Name of College:					Coll	ege Co	de						
Examination Center:													
Examination Roll 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. Physics of Newer imaging r				FRESH	PF	]							
<b>02.</b> Clinical Radiography position				PF PF	]	Colo	Colored Photograph Not less than 3.5 cm x 4.00 cm Face Not less						
<ul><li>03. Newer modalities imaging to</li><li>04. Quality control in radiology a</li></ul>	ALLOWE	FRESH PF			I .								
*Example :- Do NOT Prefer Mr /M  1. Name of Candidate [First Name	rs / Miss			: ( In CAPIT	ALS ) * <b>[</b>	o not writ	No	than 2 cm Spectacle Glass	1				
	1	, Last Hame	1(	1 1									
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, Mi	ddle Name, La	st Name](In E	English): ( Ir	CAPITALS	) * <b>Do</b> n	ot write M	rs/Smt						
		1 1											
Date (DD/MM/YYYY):	gnature and				ecked .	by colleg		ature of	the Stu	dent)			

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

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