

## ATAL BIHARI VAJPAYEE MEDICAL UNIVERSITY UTTAR PRADESH, LUCKNOW

	ADMIT CARD	Serial No: (ABVMUUP Office)					
OURSE NAME	BPT (Course Code: 101) 4 <sup>st</sup> Semester Exam	Batch					
	(Bachelor of Physiotherapy)						
lame of College:	College Co	ode					
Examination Center:							
xamination Roll No		Photograph Not less than 3.5 cm x 4.00 cm					
BVMUUP Enrollment No (Student ID No.)		Face Not less than 2 cm No Spectacles or Glass					
-		-					
-	<b>/ Miss</b> me, Middle Name, Last Name](In English): ( In CAPITALS ) * <b>Do not</b>	-					
		-					
Name of Candidate [First Nar							
Name of Candidate [First Nar	me, Middle Name, Last Name](In English): ( In CAPITALS ) * <b>Do not</b>	write Mr/Ms					
Name of Candidate [First Name Father's Name: [First Name, N	me, Middle Name, Last Name](In English): ( In CAPITALS ) * <b>Do not</b>	write Mr/Ms					
Father's Name: [First Name, M	me, Middle Name, Last Name](In English): ( In CAPITALS ) * <b>Do not</b> (	write Mr/Ms					
Name of Candidate [First Name Father's Name: [First Name, N	me, Middle Name, Last Name](In English): ( In CAPITALS ) * <b>Do not</b> (	write Mr/Ms					

(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**

Form No: (ABVMUUP Office)

# **EXAMINATION FORM**

**EXAMINATION OF** ...... BPT (Course Code:101) 4<sup>st</sup> Semester Exam Batch ..... (Bachelor of Physiotherapy) **College Code** Name of College: 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) ALLOWED/ NSU FRESH PF Exercise Therapy II 01. Colored Photograph 02. Electrotherapy II ALLOWED/ NSU FRESH PF Not less than 3.5 cm x 4.00 cm

03. Pharmacology

04. First Aid & Emergency Care

05. Pathology

#### \*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

**ALLOWED/ NSU** 

ALLOWED/ NSU

ALLOWED/ NSU

FRESH

FRESH

FRESH

PF

PF

PF

#### 2. Father's Name: [First Name, Middle Name, Last Name](In English): (In CAPITALS) \* Do not write Mr/Shri

												1
L												<u>ــــــــــــــــــــــــــــــــــــ</u>

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 Student)

Face Not less

than 2 cm

No Spectacles or

Glass

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.

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

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