

ATAL BIHARI VAJPAYEE MEDICAL UNIVERSITY UTTAR PRADESH, LUCKNOW

	ADMIT CARD	(ABVMUUP Office)
COURSE NAME	. CT / MRI (Course Code106) 4st Semester	Exam Batch
	(Graduate Paramedical)	
Name of College:	Colle	ge Code
Examination Center:		
Examination Roll No		Photograph Not less than 3.5 cm x 4.00
ABVMUUP Enrollment No (Student ID No.)		Face Not less than 2 cm No Spectacles or Glass
*Example :- Do NOT Prefer Mr /Mrs / 1. Name of Candidate [First Nar	Miss ne, Middle Name, Last Name](In English): (In CAPITALS) * I	Signature of the Student
2 Fall of Name 1		
2. Father's Name: [First Name, N	liddle Name, Last Name](In English): (In CAPITALS) * Do no	ot write Mr/Shri
3. Mother's Name: [First Name, N		ot write Mrs/Smt
	(Is being permitted in the following Subje	acts)
	(is being permitted in the renowing easy.	.0.0)
,	odalities 2. Clinical Radiography Positioning -II	
Techniques including patient of	are 4. Quality control in radiology and radiation	safety
		(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 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.



ATAL BIHARI VAJPAYEE MEDICAL UNIVERSITY UTTAR PRADESH, LUCKNOW

EXAMINATION FORM

Form No: (ABVMUUP Office)

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Name of College:											llege	e Co	de							
Examination Cent	er:																			
Examination Roll No														(Not	ot to be filled by candidate)					
ABVMUUP Enrollme (Student ID No.)	ent No)																		
Sir,																				
t is requested to ki 2021-22	ndly a	llow	me	to a	opea	r in t	he f	ollow	ing :	subje	ect o	f the	univ	ersit	ty ex	amir	natio	n for	the	year
						(F	or O	ffice	Use)					_					
1. Physics of Newe	1. Physics of Newer imaging modalities							ALLOWED/ NSU				FRESH PF								
02. Clinical Radiography Positioning -II							ALLOWED/ NSU					FRESH PF				Colored Photograph				
03. Newer modalities imaging Techniques including						nd	ALLOWED/ NSU					FRESH PF				Not less than 3.5 cm x 4.00 cm				
04. Quality control in radiology and radiation safety					y 🗌	ALLOWED/ NSU				FRESH PF				Face Not less than 2 cm						
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Example :- Do NOT Pref	er Mr /l	Mrs / I	Miss																	
I. Name of Candida	te (First	t Nam	e. Mic	ddle N	lame.	Last N	lamel	(In En	alish):	(In C	APITA	LS)*	Do n	ot wri	te Mr/	Ms				
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S. Fatherda Name													•			•			•	
2. Father's Name: [F	irst Nam	ne, Mi	ddle i	Name,	Last	Name	J(In Ei	nglish)	: (In (JAPIT.	ALS)	* Do r	not wr	ite Mr	/Shri					
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3. Mother's Name: [F	irst Nar	me, M	iddle	Name	, Last	Name	e](In E	nglish): (In	CAPIT	TALS)	* Do	not w	rite M	rs/Sm	t				
Date (DD/MM/YYYY): _															19	Sians	ture	of the	Stu	dent
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Certified that the Pho			_									eckec	by c	olleg	ge an	d is c	corre	<u>et</u>		
The student is allowed	ed to a	ppea	ir in	<u>the e</u>	xam	<u>ınatic</u>	n as	<u>ındi</u> c	cated	<u>ab</u> o	ve.									

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

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