

ATAL BIHARI VAJPAYEE MEDICAL UNIVERSITY UTTAR PRADESH, LUCKNOW

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		ADMIT	CARD			/MUUP O	office)	
COURSE NAME	MMLSB(Cour	se Code: 208)	4 st Semeste	er Exam	Bate	ch		
	(Master in Medica	al Laboratory S	ciences Clin	ical Bioc	hemistry)		
Name of College:			(College	Code			
Examination Center: $_$								
Examination Roll No							Photograph than 3.5 cr cm	m x 4.00
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2. Father's Name: [First Na	me, Middle Name, Last	Name](In English):	I I (In CAPITALS)	* Do not w	rite Mr/Shri			
3. Mother's Name: [First Na	ame, Middle Name, Las	t Name](In English)	(In CAPITALS) * Do not w	rite Mrs/Sm	ıt		
	(Is being	g permitted in t	he following	Subjects	s)			
Dissertation / Project								
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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.



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EXAMINATION FORM

Form No: (ABVMUUP Office)

EXAMINATION OF M	•	•		Batch						
•	ter in Medical Labo	oratory Sciences								
Name of College:			College 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. Dissertation / Project		ALLOWED/ NS	J FRESH PF	Colored 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									
1. Name of Candidate [First Nam	e, Middle Name, Last Na	me](In English): (In C	APITALS) * Do not wri	te Mr/Ms						
2. Father's Name: [First Name, Mi	ddla Nama I aat Namal/i	In English): / In CARIT	ALC \ * Do not write Mr	/Chri						
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3. Mother's Name: [First Name, M	iddie Name, Last Namej(in English): (In CAPIT	ALS) " Do not write M	rs/Smt						
Date (DD/MM/YYYY):				(Signature of the Student)						

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

The student is allowed to appear in the examination as indicated above.

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