

ATAL BIHARI VAJPAYEE MEDICAL UNIVERSITY UTTAR PRADESH, LUCKNOW

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	ADMIT CARI	(ABVMUUP Office) Batch						
COURSE NAME	M.O.T (Course Code: 207) 4st \$							
	(Master of Occupational	Therapy)						
Name of College:		College 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 // 1. Name of Candidate [Firs	rs / Miss Name, Middle Name, Last Name](In English): (In C/	APITALS) Do not writ e	Signature of the Student					
2. Father's Name: [First Name	e, Middle Name, Last Name](In English): (In CAPITA	ALS) * Do not write Mr/	Shri					
3. Mother's Name: [First Na	e, Middle Name, Last Name](In English): (In CAPIT	ALS)* Do not write M rs	s/Smt					
Ethical Legal and pro Neurology –II (Theory)	(Is being permitted in the follow ession Issues 2. Occupational Ther		s –II / Paediatrics –II /					
		(S	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)

	(Ma	ster	of Oc	ccupa	atio	nal	The	rapy	')										
Name of College:								College Code										_	
Examination Center:																			
Examination Roll No								(Not to k						be filled by candidate)					
ABVMUUP Enrollment No (Student ID No.)																			
Sir,																			
t is requested to kindly allow m 021-22	e to appe	ar in t	he fo	llowi	ng s	ubje	ect o	f the	univ	ersi	y ex	am	inati	on 1	or 1	the	yeaı	r	
	(For Offi	ce Us	e)																
01. Ethical Legal and profession Issues ALLOWED/ NS					/ NSI	Colored Pr							less						
02. Occupational Therapy in Orthopaedics –II / Pa		aediat	tr ALLOWED/ NSU FRESH					ESH	PF	than 3.5 cm x 4.00 cm Face Not less than 2 cm						n			
														No S	Spec Gla	tacle: ass	s or		
*Example :- Do NOT Prefer Mr /Mrs / M	liss																	_	
. Name of Candidate [First Name,	Middle Name	, Last N	lame](I	n Engli	ish): (In C	APITA	LS)*	Do n	ot wri	te Mr/	Ms						_	
																		_	
			L			l												_	
. Father's Name: [First Name, Middl	e Name, Las	t Name]](In En	glish): ((In C	APITA	ALS)	* Do r	ot wr	ite Mı	/Shri							_	
. Mother's Name: [First Name, Midd	llo Namo I ar	et Namo	ıl/ın En	alich):	(In C	·ADIT	VI 6)	* Do	oot w	rita M	re/Sm							_	
. Wother 3 Name, I list Name, Wilde	lie Name, Las	Name	-J(III LII	igiisii).	(, AI II	ALO)	D0	iot w	lite ivi	13/311								
Date (DD/MM/YYYY):			<u> </u>										e of						

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)