

ATAL BIHARI VAJPAYEE MEDICAL UNIVERSITY UTTAR PRADESH, LUCKNOW

	ADMIT CARD		Serial No: (ABVMUUP Office)		
COURSE NAME	B.D.S. (Course Code: 050) 1YEAR O	F ADMISSION	Batch		
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 /Mrs / 1. Name of Candidate [First Name of Candidate First Name	Miss ie, Middle Name, Last Name](In English): (In CAPI	TALS) Do not writ e	Signature of the Student)		
2 5 4 4 1 1					
2. Father's Name: [First Name, M	ddle Name, Last Name](In English): (In CAPITALS	6) * Do not write Mr/	Shri		
3. Mother's Name: [First Name, N	iddle Name, Last Name](In English): (In CAPITAL	S)* Do not write Mrs	s/Smt		
General Anatomy including Em Embryology and oral Histology	(Is being permitted in the followin bryology and Histology 2 General Human		ochemistry 3. Dental Anatomy,		
		•	eal & 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

	ENROLL	MENT FORM] [Form No: (ABVMUUP Office	a)	
COURSE NAME	B.D.S. (Course Code: (050) 1 YEAR OF A	ADMISSION	Batch		
Name of College:		Co	ollege Code			
Student Registration No. giv	/en by College:				graph Not less	
ABVMUUP Enrollment No (Student ID No.)				than 3.5 cm x 4.00 cm Face Not less than 2 cm No Spectacles or Glass		
*Example :- Do NOT Prefer Mr /Mrs / M	iss					
1. Name of Candidate [First Nam	e, Middle Name, Last Name](In	English): (In CAPITAL	_S) * Do not writ	e Mr/Ms		
2. Father's Name: [First Name, Mid	dle Name Leet Name]/In Englis	h): (In CADITALS) * I	Do not write Mr/9	<u> </u>		
Z. Father S Name, [First Name, Mid-	ale Name, Last Name](m Englis	II). (III CAPITALS)	Do not write wir/s	nn		
3. Mother's Name: [First Name, Mid	 ddle Name, Last Name](In Engli:		Do not write Mrs	S/Smt		
4. Gender: (Male/Female/Other)	5. Date of Birth (DD/MM,	YYYY) 6. Dat	te of Admissio	n to above co	urse (DD/MM/YY	
				/		
7. Category (UR/OBC/SC/ST) 8	. Religion		9. Contac	t No (Mobile)		
			+91			
10. Email ID (Please write very of	clearly in CAPITAL letters	only)	<u> </u>			
11. Permanent Address						
11. District	12. State			13. Pin Code	ı	
				<u> </u>		
14. Aadhaar No	15.	Name of Selecti	ion Board Qua	ılifying Exam (eg CET, etc)	
16. Roll No of the Qualifying Examin	ation					
Date (DD/MM/YYYY):	_			(Signature	of the Student)	

Certified that the Photograph, signature and student record have been checked by college and is correct



ATAL BIHARI VAJPAYEE MEDICAL UNIVERSITY UTTAR PRADESH, LUCKNOW

EXAMINATION FORM

Form No: (ABVMUUP Office)

COURSE NAME	B.D.S. (Course C	Code: 050) 1YEAR OF	F ADMISSION B	atch		
Name of College:			College Code			
Examination Center:						
Examination Roll No			(No	t to be filled by candidate)		
ABVMUUP Enrollment No (Student ID No.)						
Sir, It is requested to kindly allow 2023-24	• •	e following subject o r Office Use)	f the university ex	amination for the year		
ALLOWED/ NSU		FRESH PF	Colored Photograph			
ut. General Anatomy including Embryology and Histology		ALLOWED/ NSU	FRESH PF	Not less than 3.5 cm x 4.00 cm Face Not less		
03. Dental Anatomy, Embryology		ALLOWED/ NSU	FRESH PF	than 2 cm No Spectacles or Glass		
1. Name of Candidate [First Nam	le, Middle Name, Last Na	mej(in English): (in CAPITA	ALS) * Do not write Mr/			
2. Father's Name: [First Name, Mi	ddle Name, Last Name](I	n English): (In CAPITALS)	* Do not write Mr/Shri			
3. Mother's Name: [First Name, M	liddle Name, Last Name](In English): (In CAPITALS)	* Do not write Mrs/Sm	nt		
Date (DD/MM/YYYY): Certified that the Photograph, s	_	t record have been che	·	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)