

ATAL BIHARI VAJPAYEE MEDICAL UNIVERSITY UTTAR PRADESH, LUCKNOW

			ADMIT CARD								Serial No: (ABVMUUP Office)							
COURSE NAME		В	OTT	(Cou	rse Co	ode: 1	100)	1 st S	eme	ster	Exar	m		Ва	tch(YYYY)) 2	20
			(B.	Sc. O	perat	ion T	heat	tre T	echr	nolo	gy)							
Name of College:									(Colle	ege (Code	е					
Examination Cent	er:																	
Examination Roll N	D																ph Not	
ABVMUUP Enrollme (Student ID No.)	ent No															e Not	om less thom om ctacles	
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1. Introduction to Hea	althcare D	Deliver	y Sys	tem ir	n India	2. <i>A</i>	۹- Me	dical	Tern	ninol	ogy a	and F	Recor	d Ke	eping	ј, В- I	Medi	cal La
and Ethics 3.A- Prof	essionalis	sm and	d valu	es, B	- Princi	iples	of Ma	anag	emen	nt -l 4	. A –	Res	earch	n Me	thodo	ology	and	

Instructions to Candidates

(Seal & Signature of the Principal)

- 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).

Biostatistics B- Introduction to Quality and Patient Safety

- 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

EXAMINATION FORM

Form No: (ABVMUUP Office)

EXAMINATION OFBC	OTT (Course Code: 10	00) 1 st Semester I	Exam Bat	ch Year 2020				
	(B.Sc. Operation	on Theatre Techr	ology)					
Name of College:			College Code					
Examination Center:								
Examination Roll No			(Not to	be filled by candidate)				
ABVMUUP Enrollment No (Student ID No.)								
Sir,								
lt is requested to kindly allow 2021-22	• •		the university exar	mination for the year				
	(For O	ffice Use)						
01. Introduction to Healthcare Deliv	ery System in India	ALLOWED/ NSU	FRESH PF	Colored Photograph Not less				
 A- Medical Terminology and Re- B- Medical Law and Ethics 	cord Keeping,	ALLOWED/ NSU	FRESH PF	than 3.5 cm x 4.00 cm Face Not less than 2 cm				
03. A- Professionalism and values,		ALLOWED/ NSU	No Spectacles or Glass					
B- Principles of Management -I 04. A – Research Methodology and	Rinetatistics							
B- Introduction to Quality and Pa		ALLOWED/ NSU	FRESH PF					
Example: - Do NOT Prefer Mr /Mrs / I 1. Name of Candidate [First Name		In English): (In CAPITA	LS) Do not write Mr/Ms	S				
2. Father's Name: [First Name, Min	ddle Name, Last Name](In En	glish): (In CAPITALS)	* Do not write Mr/Shri					
3. Mother's Name: [First Name, M	iddle Name, Last Name](In Er	nglish): (In CAPITALS)	* Do not write Mrs/Smt					
Date (DD/MM/YYYY):	_		(Si	gnature of the Student)				

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

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)



ATAL BIHARI VAJPAYEE MEDICAL UNIVERSITY UTTAR PRADESH, LUCKNOW

	ENROLLM	IENT FORM	Form No: (ABVMUUP Office)					
COURSE NAMEBC	OTT (Course Code: 100)	YEAR OF	YEAR OF ADMISSION (YYYY) 20 20					
(B.Sc. Operation Theatre Technology)								
Name of College:	Code							
Student Registration No. given (If Applicable)	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 / Miss								
1. Name of Candidate (First Name, Middle Name, Last Name)(In English): (In CAPITALS)* Do not write Mr/Ms								
2. Father's Name: [First Name, Middle Na	ame, Last Name](In English): (In CA	PITALS)* Do not write Mr/Shri						
3. Mother's Name: [First Name, Middle Name, Middle Name]	ame, Last Name](In English): (In CA	APITALS)* Do not write Mrs/Sm						
4. Gender: (Male/Female/Other) 5. Date of Birth (DD/MM/YYYY) 6. Date of Admission to above course (DD/MM/YYY)								
7. Category (UR/OBC/SC/ST) 8. Re	eligion 	9. Contact N	lo (Mobile)					
		+91						
10. Email ID (Please write very clearly in CAPITAL letters only)								
		100						
11. Permanent Address		L						
* *************************************								
11. District	12. State	. 1	3. Pin Code					
14. Aadhaar No	15	Name of Selection Board (Qualifying Exam (eg CET, etc)					
7-7. Addition 140		Traine of Colcoton Board						
			And the state of t					
16. Roll No of the Qualifying Examination								
Date (DD/MM/YYYY):			(Signature of the Student)					

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

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

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