

ATAL BIHARI VAJPAYEE MEDICAL UNIVERSITY UTTAR PRADESH, LUCKNOW

			ADMIT CARD								Serial No: (ABVMUUP Office)													
COURSE NAMEBPT							BPT	(Course Code: 101) 1 st Semester Exam (Bachelor of Physiotherapy)								Batch (YYYY) 20								
Name of College:							College Co						Code	le ll										
Examination Center:										•														
Examination Roll No														Photograph Not less than 3.5 cm x 4.00 cm										
ABVMUUP Enrollment No (Student ID No.)								Amortic Chicago		Anne and management										ce Not to Spe	t less t cm ectacle lass			
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	*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																							
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2.	Father	's Nar	ne: [F	irst Na	me, M	Aiddle	Name,	Last	Name](In E	nglish)): (ln.(CAPIT.	ALS)	* Do r	ot wr	ite Mi	/Shri	Ι		T	1		
3.	Mothe	r's Nai	ne: (F	First Na	ame M	 Middle	Name	last	Nami	<u> </u> =}(In €	nalish): / In	CAPIT	TALS)	* Do	not w	rite M	rs/Sm	 t	<u> </u>	<u></u>]		
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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 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.
- 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 OF BF	OF 2020								
(B	achelor of Phys	iotherapy)							
Name of College:			College Code						
Examination Center:									
Examination Roll No			(Not	to be filled by candidate)					
ABVMUUP Enrollment No (Student ID No.)									
Sir, It is requested to kindly allow 2021-22		he following subjector Office Use)	et of the university exa	amination for the year					
01. Human Anatomy I (Including Ap	plied Anatomy)	ALLOWED/ NSU	FRESH PF						
02. Human Physiology (Including Ap	oplied Physiology)	ALLOWED/ NSU	FRESH PF	Colored Photograph					
03. Biochemistry		ALLOWED/ NSU	FRESH PF	Not less than 3.5 cm x 4.00 cm					
04. Biophysics		ALLOWED/ NSU	FRESH PF	Face Not less than 2 cm					
05. Health Psychology		ALLOWED/ NSU	FRESH PF	No Spectacles or Glass					
			•						
*Example :- Do NOT Prefer Mr /N	Irs / Miss								
1. Name of Candidate [First Nam	e; Middle Name, Last N	lame](In English): (In CAI	PITALS) * Do not write Mr/M	s					
	* *************************************								
	100								
2. Father's Name: [First Name, Mi	ddle Name, Last Name](In English): (In CAPITAL	_S) * Do not write Mr/Shri						
3. Mother's Name: [First Name, M	iddle Name, Last Name	e](In English): (In CAPITA	LS) * Do not write Mrs/Smt						
Date (DD/MM/YYYY):	<u>.</u>	•	(\$	Signature of the Student)					
Certified that the Photograph, si	=			<u>d is correct</u>					
The student is allowed to appear in the examination as indicated above.									

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

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



ATAL BIHARI VAJPAYEE MEDICAL UNIVERSITY UTTAR PRADESH, LUCKNOW

	ENROLLMENT FORM	Form No: (ABVMUUP Office)
COURSE NAMEBPT	•	MISSION (YYYY) 20 20
	(Bachelor of Physiotherapy)	
Name of College:	College	Code
Student Registration No. given by (If Applicable)	College:	Photograph Not less than 3.5 cm x 4.00
ABVMUUP Enrollment No (Student ID No.)		Face Not less than 2 cm Face Not less than 2 cm No Spectacles or Glass
*Example :- Do NÓT Prefer Mr /Mrs / Miss		
1. Name of Candidate [First Name, Middle I	Name, Last Name](In English): (In CAPITALS) * Do	not write Mr/Ms
2 Father's Name (First Name Middle N		
2. I atriel 5 Name, First Name, Middle Name,	Last Name](In English): (In CAPITALS) * Do not wr	ite Mr/Shri
3 Mother's Name: (First Name Middle Name	Last Name](In English): (In CAPITALS) * Do not w	
5. Media di Rame, Middle Rame,	Last Name (in English). (in CAPITALS) Do not w	THE MIS/SMI
4. Gender: (Male/Female/Other) 5. Dat	re of Birth (DD/MM/YYYY) 6. Date of Ad	Imission to above course (DD/MM/YYY)
		/
7. Category (UR/OBC/SC/ST) 8. Religio	on 9 (Contact No (Mobile)
		Johnson 100 (Mobile)
10 Empili D / Disease with a second		
10. Email ID (Please write very clearly in	CAPITAL letters only)	
11. Permanent Address		
11. District	12. State	13. Pin Code
	12. Otato	13. Fill Code
14. Aadhaar No	15. Name of Selection Boar	rd Qualifying Exam (eg CET, etc)
		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
16. Roll No of the Qualifying Examination		
Date (DD/MM/YYYY):		(Signature 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)

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