



ATAL BIHARI VAJPAYEE MEDICAL UNIVERSITY UTTAR PRADESH, LUCKNOW

EXAMINATION FORM

Form No:
(ABVMUUP Office)

Supple

COURSE NAME.....BRIT (Course Code:105) 3rd Year Exam

Batch 2020-21

(Bachelor of Radiological Imaging Techniques)

Name of College:

College Code

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Examination Center: _____

Examination Roll No

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(Not to be filled by candidate)

ABVMUUP Enrollment No

(Student ID No.)

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Sir,

It is requested to kindly allow me to appear in the following subject of the university examination for the year ..
(For Office Use)

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|---|--------------|-------|----|
| 01. Radiotherapy Planning and Quality Control | ALLOWED/ NSU | FRESH | PF |
| 02. Equipments of Radio Diagnosis | ALLOWED/ NSU | FRESH | PF |
| 03. Interventional Radiology & Drugs used in Diagn | ALLOWED/ NSU | FRESH | PF |
| 04. Radiotherapy & Brachytherapy Techniques in m
and Non –malignant diseases | ALLOWED/ NSU | FRESH | PF |
| 05. Orientation in Clinical Sciences | ALLOWED/ NSU | 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 Name, Middle Name, Last Name](In English): (In CAPITALS) * Do not write Mr/Ms

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2. Father's Name: [First Name, Middle Name, Last Name](In English): (In CAPITALS) * Do not write Mr/Shri

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3. Mother's Name: [First Name, Middle Name, Last Name](In English): (In CAPITALS) * Do not write Mrs/Smt

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Date (DD/MM/YYYY): _____

(Signature of the Student)

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

