

### ATAL BIHARI VAJPAYEE MEDICAL UNIVERSITY UTTAR PRADESH, LUCKNOW

•	ADMIT (	CARD	Serial No: (ABVMUUP Office)
COURSE NAME	.BCMM (Course Code: )		Batch(YYYY) 20
Name of College:		College Code	,
Examination Center:			
Examination Roll No  ABVMUUP Enrollment No (Student ID No.)			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 / Mi	ss		Signature of the Student)
1. Name of Candidate [First Name,	Middle Name, Last Name](In English	n): ( In CAPITALS ) * Do not writ	e Mr/Ms
2. Father's Name: [First Name, Midd	ile Name, Last Name](In English): ( I	CAPITALS) * Do not write Mr/	/Shri
3. Mother's Name: [First Name, Mide	dle Name, Last Name](In English): ( I	n CAPITALS)* Do not write Mr	s/Smt
Basic Computer & Information     Safety	_	nication & Soft Skill 3. Into	
		•	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 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.



## ATAL BIHARI VAJPAYEE MEDICAL UNIVERSITY UTTAR PRADESH, LUCKNOW

#### **EXAMINATION FORM**

Form No: (ABVMUUP Office)

COURSE NAMEBCMM	(Course Code: ) 1st Sam	nester Evam - <b>Rat</b>	- :ch(YYYY) 20					
	achelor of Medical Micro							
Name of College:		College Code						
Examination Center:								
Examination Roll No		(N	(Not to be filled by candidate)					
ABVMUUP Enrollment No (Student ID No.)								
Sir, It is requested to kindly allow me to appear in the following subject of the university examination for the year								
2021-22	(For Office Use)							
01. Basic Computer & Information Science	ALLOWED/ NSU FRES	SH PF	Colored Photograph Not less					
02. English Communication & Soft Skill	ALLOWED/ NSU FRES	eri pr	than 3.5 cm x 4.00 cm					
03. Introduction To Quality & Patient Safety	ALLOWED/ NSU FRES		Face Not less than 2 cm					
04. Medical Law Ethics	ALLOWED/ NSU FRES	-	No Spectacles or Glass					
05. Basic Preventive Medicine & Community	ALLOWED/ NSU FRES		Class					
Health Care	ALLOWED/NGO TREE	311						
06. Environment Science	ALLOWED/ NSU ALLO	OWED/ NSU						
*Example :- Do NOT Prefer Mr /Mrs / Miss  1. Name of Candidate (First Name, Middle Nar	ne, Last Name](In English): ( In CA	\PITALS)* Do not write M	r/Ms					
			The state of the s					
2. Father's Name: [First Name, Middle Name, L	ast Name](In English): ( In CAPITA	.LS)* Do not write Mr/Shr	i					
Mother's Name: [First Name, Middle Name, I	.ast Name](In English): ( In CAPITA	ALS)* Do not write Mrs/S	mt					
Date (DD/MM/YYYY):  Certified that the Photograph, signature and The student is allowed to see a second in the second se		checked by college a	(Signature of the Student)  nd 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)



# ATAL BIHARI VAJPAYEE MEDICAL UNIVERSITY UTTAR PRADESH, LUCKNOW

	ENROLLI	VIENT FORM	Form No: (ABVMUUP Office)
COURSE NAME	BCMM (Course Code	: ) 1 <sup>st</sup> Semester Exam	Batch(YYYY) 20
	(Bachelor of Me	dical Microbiology)	
Name of College:		College Code	<b>,</b>
Student Registration No. gi	ven by College:		Photograph Not less than 3.5 cm x 4.00 cm
ABVMUUP Enrollment No (Student ID No.)			Face Not less than 2 cm No Spectacles or Glass
*Example :- Do NOT Prefer Mr /Mrs / M	Miss		
I. Name of Candidate [First Name	ne, Middle Name, Last Name](In	English): (In CAPITALS) * Do not wr	îte Mr/Ms
	1	**************************************	
2. Father's Name: [First Name, Mic	Idle Name, Last Name](In Englis	sh); (In CAPITALS) * Do not write Mr.	/Shri
2 Mallanda Namanani	Briston and Articles		
3. Mother's Name: [First Name, Mi	ddle Name, Last Namej(în Engli	sh): (In CAPITALS) * Do not write Mi	rs/Smt
4. Gender: (Male/Female/Other	) 5. Date of Birth (DD/MM	(YYYY) 6. Date of Admissi	on to above course (DD/MM/YYY)
7. Category (UR/OBC/SC/ST) 8	3. Religion	9. Conta	act No (Mobile)
		+91	
10. Email ID ( Please write very	clearly in CAPITAL letters	only)	
	an and a second		
11. Permanent Address			
11. District	12. State		13. Pin Code
14. Aadhaar No	15	. Name of Selection Board Qu	ıalifying Exam (eg CET, etc)
16. Roll No of the Qualifying Examir	nation		
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)