

## ATAL BIHARI VAJPAYEE MEDICAL UNIVERSITY UTTAR PRADESH, LUCKNOW

	ADMIT CAR	Serial No: ABVMUUP Office)						
COURSE NAME	B.D.S. (Course Code: 050) 2 <sup>nd</sup> YF	EAR OF ADMISSION	Batch					
Name of College:								
Examination Center:								
Examination Roll No			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  1. Name of Candidate [First Name	liss e, Middle Name, Last Name](In English): ( In	CAPITALS ) * <b>Do not write</b>	Signature of the Student)					
2 Father's Name: (First Name, Mic	dle Name, Last Name](In English): ( In CAPI	TALS ) * Do not write Mr/S	hri					
2. Tatrior 5 Name, in instrume, with	die Name, East Name, (in English). (in OAT)	TALES ) BOTHOL WITE MINOR						
3. Mother's Name: [First Name, Mi	ddle Name, Last Name](In English): ( In CAP	ITALS ) * Do not write Mrs/	Smt					
General Pathology & Microbiology	(Is being permitted in the follogy 2 General and Dental Pharmacolo	gy & Therapeutics 3. E	Dental Materials  al & Signature of the Principal)					
	Instructions to Can	didates						

- 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.



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## **EXAMINATION FORM**

Form No: (ABVMUUP Office)

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E	am	inat	ion	Cent	er: _															L				!_	
Examination Roll No																	(No	Not to be filled by candidate)							
ABVMUUP Enrollment No (Student ID No.)																									
lt i	Sir, It is requested to kindly allow me to appear in the following subject of the university examination for the year 2022-23  (For Office Use)																								
01. General Pathology & Microbiology							ALLOWED/ NSU					FRESH PF				Colored Photograph Not less than 3.5 cm x 4.00 cm									
<b>02.</b> General and Dental Pharmacology & Therapeutics									ALLOWED/ NSU					FRESH PF											
<b>03.</b> Dental Materials								ALLOWED/ NSU					ESH	PI	F	Face Not less than 2 cm									
1.	Na	me c	f Car	ndida	te [Fir	rst Nar	me, Mi	ddle N	Name,	Last N	lame]	(In En	glish):	(In C	:APITA	\LS ) *	Do no	ot wri	te Mr	/Ms		ilass			
2.	Fat	ther's	Nan	ne: [F	irst Na	ame, N	/liddle	Name	, Last	Name	](In Er	nglish)	): ( ln (	CAPIT	ALS)	* Do ı	not wr	ite Mr	r/Shri						
3.	Мо	ther'	s Naı	me: [F	First N	ame, I	Middle	Name	e, Last	: Name	e](In E	nglish	ı): ( In	CAPIT	ΓALS )	* Do	not w	rite M	rs/Sn	nt					
<u>Ce</u>	Date (DD/MM/YYYY): (Signature of the Student)  Certified that the Photograph, signature and student record have been checked by college and is correct																								
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Name of the Principal (Seal & Signature of the Principal)

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