

## ATAL BIHARI VAJPAYEE MEDICAL UNIVERSITY UTTAR PRADESH, LUCKNOW

# **EXAMINATION FORM**

Form No: (ABVMUUP Office)

OURSE NAME	B.D.S. (Course C	ode: 050) 3 <sup>14</sup> YEAR (	OF ADMISSION E	Satch				
ame of College:			College Code					
xamination Center:								
xamination Roll No			(Not	ot to be filled by candidate)				
BVMUUP Enrollment No Student ID No.)								
ir, is requested to kindly allo )21-22			of the university exa	amination for the yea				
	(For	Office Use						
. Gen .Medicine		ALLOWED/ NSU	FRESH PF	Colored Photograph Not less				
. Gen. Surgery		ALLOWED/ NSU	FRESH PF	than 3.5 cm x 4.00 cm Face Not less				
3. Oral Pathology & Mcrobiol	ogy and Forensic Odonote	ALLOWED/ NSU	FRESH PF	than 2 cm No Spectacles or Glass				
Name of Candidate [First Na	ame, Middle Name, Last Nam	ne](In English): ( In CAPIT/	ALS)* <b>Do not write Mr/M</b>	ls.				
Father's Name: [First Name,	Middle Name, Last Name](In	English): ( In CAPITALS )	* Do not write Mr/Shri					
<u> </u>	· · · ·			· · · · ·				
Mother's Name: [First Name,	, Middle Name, Last Name](Ir	n English): ( In CAPITALS	) Do not write mrs/smt	·				

<u>Certified that the Photograph, signature and student record have been checked by college and is correct</u> <u>The student is allowed to appear in the examination as indicated above.</u>

Date (DD/MM/YYYY): \_\_\_\_\_

(Signature of the Student)



## ATAL BIHARI VAJPAYEE MEDICAL UNIVERSITY UTTAR PRADESH, LUCKNOW

Sorial No.

	ADM	ADMIT CARD (/								
COURSE NAME	B.D.S. (Course Code: 0	50) 3 <sup>rd</sup> YEAR OF AD	MISSION Batcl	h						
Name of College:		Colleç	ge Code							
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						

ADMIT CADD

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

### (Is being permitted in the following Subjects)

1. Gen .Medicine 2 Gen. Surgery 3. Oral Pathology & Mcrobiology and Forensic Odonotology

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

Signature of the Student)

### 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.
- 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.