

ATAL BIHARI VAJPAYEE MEDICAL UNIVERSITY UTTAR PRADESH, LUCKNOW

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| C | OURS | SE | NAN | 1E | | | BOMM (Course Code: 111) 4st Semester Exam | | | | | | | | n B | Batch | | | | | | | | |
| | | | | | | | | (l | Bacl | nelo | r Of | Med | dical | Mic | robi | olog | y) | | | | | | | |
| Name of College: | | | | | | | College Code | | | | | | | | | е | | | | | | | | |
| E> | camir | nati | on (| Cent | er: _ | | | | | | | | | | | | | | | | | | | |
| Examination Roll No ABVMUUP Enrollment No (Student ID No.) | | | | | | | | | | | | | | | | Photograph Not less than 3.5 cm x 4.00 cm | | | | | | | | |
| | | | | | | | | | | | | | | | Face Not less to cm No Spectacle Glass | | | | | | | | | |
| | kample Nam | | | | | | | ddle N | lame, | Last I | Name] | (In Er | nglish) | : (In C | CAPIT <i>I</i> | \LS)* | Do n | ot wri | te Mr/l | | ignat | ure o | f the \$ | Studer |
| | | | | | | | | | | | | | | | | | | | | | | | | |
| 2. | Fathe | er's | Nan | ne: [Fi | rst Na | me, N | liddle | Name | , Last | Name | e](In E | nglish |): (In | CAPIT | TALS) | * Do r | not wr | ite Mr | /Shri | | | | | |
| 3. | Moth | er's | Nar | ne: [F | irst Na | ame, N | Middle | Name | e, Last | : Nam | e](In E | nglish | n): (In | CAPI | TALS) |) * Do | not wi | rite M | rs/Sm | t | | | | |
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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.
- 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)

| EXAMINATION OF BOMM (Course Code: 111) 4st Semester Exam Batch Batch | | | | | | | | | | | | | | |
|---|--|------------------|-------------|----------|---------------------------------|------------|---|---------|-----------|-------|-------|--|--|--|
| (Bachelor Of Medical Microbiology) | | | | | | | | | | | | | | |
| 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 2022-23 | me to appear | in the follow | | | the univ | ersity ex | amir | natio | n for | the | year | | | |
| 01. Systemic Bacteriology | oı. Systemic Bacteriology ALLOWED/ NSU FRESH PF | | | | | | | | | | | | | |
| 02. Medical Parasitology & Ent | omology | ALLOWED/ | | FRESI | | | Photograph Not less than 3.5 cm x 4.00 cm | | | | | | | |
| 03. Instruments, Reagents & Ar | nalytical Clinic | ALLOWED/ | | FRESH PF | | | Face Not less than 2 cm No Spectacles or Glass | | | | | | | |
| 04. Haematology (Applied and | d advanced) | ALLOWED/ | | FRESH PF | | | | | | | | | | |
| *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. Father's Name: [First Name, Mi | ddle Name, Last N | ame](In English) |): (In CAF | PITALS)* | Do not wri | te Mr/Shri | • | • | | | | | | |
| | | | | | | | | | | | | | | |
| 3. Mother's Name: [First Name, M | iddle Name, Last N | Name](In English | i): (In CA | PITALS) | * Do not wr | ite Mrs/Sm | ıt | _ | | | | | | |
| | | | | | | | | | | | | | | |
| Date (DD/MM/YYYY): | _ | | | | | (| Signa | ature : | of the | e Stu | dent) | | | |
| Certified that the Photograph, s | - | | | | cked by c | ollege an | d is d | corre | <u>ct</u> | | | | | |
| The student is allowed to appear | ar in the examin | nation as indic | cated at | ove. | | | | | | | | | | |

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

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