

ATAL BIHARI VAJPAYEE MEDICAL UNIVERSITY UTTAR PRADESH, LUCKNOW

Supple	Serial No: (ABVMUUP Office)						
COURSE NAMEMBBS (Course Code:300) 3 rd Prof. Part-I OF EXAMINATION	Batch 2020-2021						
Name of College: College Code							
Examination Center:							
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 / Miss 1. Name of Candidate [First Name, Middle Name, Last Name](In English): (In CAPITALS) * Do not write Mr/M	Signature of the Student						
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							
·	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 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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Examination Roll No														(Not to be filled by candidate)									
ABVMUUP Enrollment No (Student ID No.)																							
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01.	Commu	inity N	Medic	ine- I					[ALLOWED/ NSU					FRESH								
02. Community Medicine - II							[ALLOWED/ NSU					FRESH				Colored Photograph Not less						
03. Forensic Medicine And Toxicology															than 3.5 cm x 4.00 cm Face Not less								
04. Otrohinolarngology (ENT)					l T	ALLOWED/ NSU					FRESH				than 2 cm No Spectacles or Glass								
03.	05. Opthalmology							L	AL	LOWED/ NSU			FRESH										
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Name of the Principal (Seal & Signature of the Principal)

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