

ATAL BIHARI VAJPAYEE MEDICAL UNIVERSITY UTTAR PRADESH, LUCKNOW

	Serial No: (ABVMUUP Office)										
COURSE NAMEMBBS	Batch 2021-2022										
Name of College:		C	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							
Example :- Do NOT Prefer Mr /Mrs / 1. Name of Candidate [First Name of Candidate First Name		In English): (In CAPITA	LS) Do not write Mr/Ms	Glass Signature of the Student)							
2. Father's Name: [First Name, M	iddle Name, Last Name](In En	iglish): (In CAPITALS)	* Do not write Mr/Shri								
3. Mother's Name: [First Name, N	liddle Name, Last Name](In Er	nglish): (In CAPITALS)	* Do not write Mrs/Smt								
(Is being permitted in the following Subjects) 1. Community Medicine Paper I 2. Community Medicine Paper II 3. Forensic Medicine & Toxicology (Seal & Signature of the Principal) Instructions to Candidates											

- 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.



ATAL BIHARI VAJPAYEE MEDICAL UNIVERSITY UTTAR PRADESH, LUCKNOW

EXAMINATION FORM

Form No: (ABVMUUP Office)

COURSE NAMEMBBS (Cours	se Code:300)	3 rd Prof.	Part-I OI	EXAN	IINAT	ION	Batc	h 20	21-2	2			
Name of College:	College Cod					de							
Examination Center:													
Examination Roll No					(Not	(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. Community Medicine Paper I	ALLOW	FR	FRESH										
02. Community Medicine Paper II	ALLOW	FR	FRESH			Colored Photograph Not less							
03. Forensic Medicine & Toxicology		ALLOW	FR	FRESH			than 3.5 cm x 4.00 cm Face Not less						
Name of Candidate [First Name, Mic	ddle Name, Last N	ame](In Eng	lish): (In CA	.PITALS)	* Do no	t write Mr/	Ms						
2. Father's Name: [First Name, Middle N	Name, Last Name]	(In English):	(In CAPITA	LS)* Do	not writ	te Mr/Shri							
3. Mother's Name: [First Name, Middle	Name, Last Name](In English):	: (In CAPIT	ALS)* Do	not wri	ite Mrs/Sm	t						
Date (DD/MM/YYYY): Certified that the Photograph, signate	ture and studer	nt record f	nave been	checke	d by co		Signat			e Stud	lent)		
The student is allowed to appear in a	the examinatio	n as indica	ated abov	<u>e.</u>									

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

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