

ATAL BIHARI VAJPAYEE MEDICAL UNIVERSITY UTTAR PRADESH, LUCKNOW

ENROLLMENT FORM Form No: (ABVMUUP Office) COURSE NAME...... MS(Course Code:) Regular Exam Batch 2021-2022 (OPHTHALMOLOGY) **College Code** Name of College: Student Registration No. given by College: _ Photograph Not less (If Applicable) than 3.5 cm x 4.00 cm **ABVMUUP Enrollment No** Face Not less than 2 (Student ID No.) 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/Ms 2. Father's Name: [First Name, Middle Name, Last Name](In English): (In CAPITALS) * Do not write Mr/Shri Mother's Name: [First Name, Middle Name, Last Name](In English): (In CAPITALS) * Do not write Mrs/Smt 4. Gender: (Male/Female/Other) 5. Date of Birth (DD/MM/YYYY) 6. Date of Admission to above course (DD/MM/YYY) 7. Category (UR/OBC/SC/ST) 8. Religion 9. Contact No (Mobile) -91 Email ID (Please write very clearly in CAPITAL letters only) 11. Permanent Address 13. Pin Code 11. District 12. State 14. Aadhaar No 15. Name of Selection Board Qualifying Exam (eg CET, etc) 16. Roll No of the Qualifying Examination

Certified that the Photograph, signature and student record have been checked by college and is correct

Date (DD/MM/YYYY): _

(Signature of the Student)



ATAL BIHARI VAJPAYEE MEDICAL UNIVERSITY UTTAR PRADESH, LUCKNOW

	ADMIT CARD		Serial No: (ABVMUUP Office)									
COURSE NAME		m	Batch 2021-2022									
Name of College:		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 Glass Signature of the Student)									
*Example :- Do NOT Prefer Mr /N	Irs / Miss											
Name of Candidate [First Name	e, Middle Name, Last Name](In English): (Ir	CAPITALS) * Do not	write Mr/Ms									
2. Father's Name: [First Name, M	iddle Name, Last Name](In English): (In CA	PITALS) * Do not wri	te Mr/Shri									
3. Mother's Name: [First Name, N	liddle Name, Last Name](In English): (In CA	APITALS) * Do not wr	ite Mrs/Smt									
(Is being permitted in the following Subjects)												
•	almology, Refraction & Optics Paper –I 2. er –III 4. Recent Advances in Ophthalmolo		•									
(Seal & 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 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.



ATAL BIHARI VAJPAYEE MEDICAL UNIVERSITY UTTAR PRADESH, LUCKNOW

EXAMINATION FORM

Form No: (ABVMUUP Office)

E	EXAMINATION OF MS(Course Code:) Regular Exam (OPHTHALMOLOGY)											Bate	Batch 2021-2022												
Name of College: Examination Center:																e Co	de								
Examination Roll No ABVMUUP Enrollment No					(No									(No	t to be	e filled	by car	ndidate	e)						
Sii It i	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. Basic Sciences related to Ophthalmology, Refraction & ALLOWED/ NSU FRESH PF 02. Clinical Ophthalmology Paper-III 03. Systemic Diseases in Relation to Ophthalmology Paper III 04. Recent Advances in Ophthalmology and Community Op ALLOWED/ NSU 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												0 cm													
2. [Fa	ther	-'s N	Nam	ne: [F	First Na	ame, N	Middle	Name	e, Last	: Name	e](In E	nglish)): (ln (CAPIT	ALS)	* Do 1	not w	rite Mı	/Shri					
3.	Мс	othe	r's l	Nar	ne: [I	First N	lame,	Middle	Nam	e, Las	t Nam	e](In E	nglish): (In	CAPIT	ALS)) * Do	not w	rite M	rs/Sm	nt				
Da	ıte ((DD//	MM/	YYY	Y):															(Sid	gnatu	ire of	the S	Stude	nt)
	Date (DD/MM/YYYY): (Signature of the Student) Certified that the Photograph, signature and student record have been checked by college and is correct																								

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

The student is allowed to appear in the examination as indicated above.

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