



ATAL BIHARI VAJPAYEE MEDICAL UNIVERSITY UTTAR PRADESH, LUCKNOW

EXAMINATION FORM

Form No:
(ABVMUUP Office)

EXAMINATION OF MS(Course Code:) Regular Exam
(OPHTHALMOLOGY)

Batch 2021-2022

Name of College:

College Code

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Examination Center: _____

Examination Roll No

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(Not to be filled by candidate)

ABVMUUP Enrollment No

(Student ID No.)

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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 & Contact Lens

ALLOWED/ NSU

FRESH PF

02. Clinical Ophthalmology Paper-II

ALLOWED/ NSU

FRESH PF

03. Systemic Diseases in Relation to Ophthalmology Paper-III

ALLOWED/ NSU

FRESH PF

04. Recent Advances in Ophthalmology and Community Ophthalmology

ALLOWED/ NSU

FRESH PF

Colored 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/Ms

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

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

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Date (DD/MM/YYYY): _____

(Signature of the Student)

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

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

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