

ATAL BIHARI VAJPAYEE MEDICAL UNIVERSITY UTTAR PRADESH, LUCKNOW

	ENROLL	MENT FORM		Form No: (ABVMUUP Office)								
COURSE NAME	URSE NAMEM.S (Course Code:) Regular (OTORHINOLARYGOLOGY)											
Name of College:		Coll	ege Code									
Student Registration No. giv	ven by College:			Photograph Not less than 3.5 cm x 4.00								
ABVMUUP Enrollment No (Student ID No.)			cm Face Not less than 2 cm No Spectacles or Glass									
*Example :- Do NOT Prefer Mr /Mrs / M	liss											
1. Name of Candidate [First Nam	ie, Middle Name, Last Name](In	English): (In CAPITALS) * Do not write Mr/Ms									
2. Father's Name: [First Name, Mide	dle Name. Last Namel(In Englis	h): (In CAPITALS) * Do	not write Mr/Shri									
3. Mother's Name: [First Name, Mic	ddle Name, Last Name](In Engli	sh): (In CAPITALS) * Do	not write Mrs/Smt									
4. Gender: (Male/Female/Other)	5. Date of Birth (DD/MM)	(YYYY) 6. Date	of Admission to ab	ove course (DD/MM/YY)								
7. Category (UR/OBC/SC/ST) 8	B. Religion		9. Contact No (M	lobile)								
			·91 ·									
10. Email ID (Please write very o	clearly in CARITAL letters											
To. Email ID (Flease write very t	Jeany III CAPITAL letters											
11. Permanent Address												
11. District	12. State		13. Pir	n Code								
14. Aadhaar No	15	Name of Coloction	Board Qualifying	Tyom (see OFT sets)								
14. Addition 10	15.	Name of Selection		Exam (eg CET, etc)								
16. Roll No of the Qualifying Examin	ation											
Date (DD/MM/YYYY):	_		(Siar	nature 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)

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



ATAL BIHARI VAJPAYEE MEDICAL UNIVERSITY UTTAR PRADESH, LUCKNOW

ADMIT CARD						Serial No: (ABVMUUP Office)														
COURSE NAME						•		Code LARY			egula GY)	ar	Batch 2021-2022							
Name of College:											(Colle	ge Co	de						
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					
*Example :- Do NOT 1. Name of Candida					lame,	, Last	Namo	e](In E	Englis	sh): (In CA	\PITA	LS) '	* Do r	not w				of the	Studen
2. Father's Name: [F	irst Na	me, N	/liddle	Name	e, Las	st Nar	ne](In	Engli	sh):	(In C	APIT	ALS)	* Do	not v	write	Mr/S	hri			
3. Mother's Name: [l	First Na	me M	/ Middle	Nam	e La	st Na	mel(Ir	n Engl	ish)·	(In (CAPIT	TALS) * Do	not	write	Mrs/	Smt			
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Basic Sciences relation Otolaryngology and F		-		gy Par	per –I	2. 4. Ge	Princi eneral	Surgi	nd P	raction of the state of the sta	ces of	f Otola	aryng ead-N	Neck s	surge Seal	ry. Pa	aper-	l∨ ire of	the F	Principal
								ions t												

- 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)

EXAMINATION OF										Batc	h 20	21-2	2022		
Name of College:					Coll	ege	Coc								
Examination Center:															
Examination Roll No					(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. Basic Sciences related O	tolarvngology P	aper –l		ALLO	WED/	NSU		FRES	SH	PF					
02. Principles and Practices of		ALLO	WED/	NSII		Colored Photograph									
03. Recent advances in Otol	surge						SH SH	PF PF	Not less than 3.5 cm x 4.00 cm						
04. General Surgical Principle	` ∟	ALLOWED HOO THE						PF	Face Not less						
*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	ne, Middle Name,	Last Name](Ir	n English	n): (In C	APITA	LS)*	Do no	ot wri	ite Mr/s	Shri					
3. Mother's Name: [First Name]	me, Middle Name	, Last Name](I	n Englis	h): (In (CAPITA	ALS)	* Do n	ot wr	ite Mr	s/Smt					
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)