



ATAL BIHARI VAJPAYEE MEDICAL UNIVERSITY UTTAR PRADESH, LUCKNOW

EXAMINATION FORM

Form No:
(ABVMUUP Office)

Supple

EXAMINATION OF M.Optom (Course Code:) 2st Semester Exam
(Master Of Optometry)

Batch

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. Ocular Disease and Diagnostics -II
02. Advanced Contact lens I
03. Pediatric Optometry & Binocular Vision
04. Low Vision and Geriatric Optometry

ALLOWED/ NSU	FRESH	PF
ALLOWED/ NSU	FRESH	PF
ALLOWED/ NSU	FRESH	PF
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

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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)

