

ATAL BIHARI VAJPAYEE MEDICAL UNIVERSITY UTTAR PRADESH, LUCKNOW

	ADMIT CARD											
COURSE NAME	m Batch											
(Bachelor In Medical Laboratory Science)												
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									
*Example :- Do NOT Prefer Mr /Mrs /	me, Middle Name, Last Name](In Engl											
2. Father's Name: [First Name, N	/liddle Name, Last Name](In English): ((In CAPITALS) * Do not w	rite Mr/Shri									
3. Mother's Name: [First Name, I		(In CAPITALS) * Do not w	/rite Mrs/Smt									
	, ,,	, , , , , , ,										
•	_	nication and Soft skills	3.Introduction to Quality & Patient Ith Care 6. Environment Science (Seal & Signature of the Principal)									
	Instructions to	. Candidates										

- 1. Candidates will be allowed to enter the examination hall on production of Admit Card.
- 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 NAME BMLS (Course Code: 108) 1st Semester Exam Batch Batch																									
(Bachelor In Medical Laboratory Science)																									
Name of College:								College Cod					de												
E	cam	inati	on (Cent	er: _																				
Examination Roll No															(Not to be filled by candidate)										
ABVMUUP Enrollment No (Student ID No.)																									
lt i	Sir, It is requested to kindly allow me to appear in the following subject of the university examination for the year 2024-25																								
(For Office Use)																									
01. Basic Computer & information Science									ALLOWED/ NSU				[FRESH PF			=	Colored Photograph Not less than 3.5 cm x 4.00 cm							
02. English Communication and Soft skills									ALLOWED/ NSU					FRESH PF			=								
03. Introduction to Quality & Patient Safety								ALLOWED/ NSU			_	FRESH PF			=	Face Not less than 2 cm									
04. Medical Law & Ethics									ALLOWED/ NSU FRESH					PI	=	No Spectacles or Glass				lass					
05. Basic Preventive Medicine and Community Heal							eal	ALLOWED/ NSU				FRESH PF													
06. Environment Science								ALLOWED/ NSU				FRESH PF													
1.	Nar	ne of	Can	ıdidat	te [Fir	st Nar	ne, Mi I	ddle N	lame,	Last I	Name]	(In En	ıglish) T	: (In	CAF	PITAI	LS)*	Do no	ot wri	te Mr/N	ls		1	1	
2.	Fat	her's	Nam	ne: [Fi	irst Na	me, M	liddle	Name	, Last	Name	e](In E	nglish): (In	CAPI	ITAL	.S)*	Do n	ot wr	ite Mr	/Shri					
•	N 4 - 4	41 <i>!</i> -	NI																						
3.	IVIO	iner s	i wan	ne: [F	Irst Na	ame, N	viidale	Name	e, Last	Nam	ej(in E	nglisr	1): (In	CAP	ΉΑ	LS)	^ DO	not wi	ite IVI	rs/Smt					
Date (DD/MM/YYYY): (Signature of the Student)																									
<u>C</u> e	ertifie	ed tha	at the	Pho	togra	aph, s	signa	ture a	and s	stude	ent re	cord	have	e be	en (che	cked	by c	olleg	e and	l is	corre	<u>ct</u>		
Tr	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.												cated	d abo	ove										

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

	ENROLLMENT FORM									
COURSE NAME BMLS (Batch	ch								
(Bache	elor In Medic	al Laborator	y Science)							
Name of College:			College Code	• [
Student Registration No. given by Co (If Applicable)	ollege:				Photograph Not less than 3.5 cm x 4.00 cm					
ABVMUUP Enrollment No (Student ID No.)				Face Not less than 2 cm No Spectacles or Glass						
*Example :- Do NOT Prefer Mr /Mrs / Miss										
Name of Candidate [First Name, Middle Name]	me, Last Name](In	English): (In CAF	PITALS) * Do not w i	rite Mr/Ms						
2. Father's Name: [First Name, Middle Name, La	st Name](In Englis	h): (In CAPITALS	6) * Do not write Mr	/Shri						
3. Mother's Name: [First Name, Middle Name, La	ast Name](In Englis	sh): (In CAPITAL:	S)* Do not write M	rs/Smt			\neg			
4. Gender: (Male/Female/Other) 5. Date	of Birth (DD/MM/	YYYYY) 6.	Date of Admissi	on to ab	ove cours	se (DD/MI	M/YYY)			
	/			/						
7. Category (UR/OBC/SC/ST) 8. Religion	1		9. Conta	act No (M	/lobile)					
			+91		T					
	A DITAL									
10. Email ID (Please write very clearly in C	APITAL letters	only)								
11. Permanent Address										
11. District	12. State			13. Pi	n Code					
14. Aadhaar No	15	Name of Se	lection Board Qเ	_ Lalifving	Evam (eg	CET etc)				
14. Aduladi No	13.	Name of Se	Tection Board Qu			CL1, etc)				
16. Roll No of the Qualifying Examination										
						_				
Date (DD/MM/YYYY):				(Sig	nature of t	the Stud	ent)			

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)