

ATAL BIHARI VAJPAYEE MEDICAL UNIVERSITY UTTAR PRADESH, LUCKNOW

	Serial No: (ABVMUUP Office)											
COURSE NAME	Batch											
(Master In Medical Laboratory Science)												
Name of College:		College Code										
Examination Center:												
Examination Roll No		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 / 1. Name of Candidate [First Nar	Miss ne, Middle Name, Last Name](In English): (In C	CAPITALS) * Do not wri t	Signature of the Student) te Mr/Ms									
2. Father's Name: [First Name, N		 ΓALS)* Do not write M r	/Shri									
3. Mother's Name: [First Name, N	/liddle Name, Last Name](In English): (In CAPI	TALS) * Do not write M	rs/Smt									
General Biochemistry 2. Er Methodology Biostatistics	(Is being permitted in the follo ezymes & Metabolism-2 3.Basic Med	ical Laboratory Man	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.
- Candidates shall sign the attendance sheet when directed by invigilator(s).
- 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)

Examination Center: Examination Roll No 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	COURSE NAME	MMLS (Cou	urse Code:202) 1st Se	emester Exam B	Batch				
Examination Center: Examination Roll No 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 2024-25 (For Office Use) 1. General Biochemistry D1. General Biochemistry D2. Enzymes & Metabolism-2 D3. Basic Medical Laboratory Management D4. Research Methodology Biostatistics (For Office Use) ALLOWED/ NSU FRESH PF No Spectacles or Glass 1. Name of Candidate [First Name, Middle Name, Last Name](In English): (In CAPITALS) * Do not write Mr/Ms		(Master lı	n Medical Laborato	ry Science)					
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 2024-25 (For Office Use) ALLOWED/ NSU FRESH PF Not less than 3.5 cm x 4.00 cm Face Not less than 2 cm No Spectacles or Glass 1. Name of Candidate [First Name, Middle Name, Last Name](In English): (In CAPITALS) * Do not write Mr/Ms	Name of College:			College Code					
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 2024-25 (For Office Use) O1. General Biochemistry O2. Enzymes & Metabolism-2 O3. Basic Medical Laboratory Management O4. Research Methodology Biostatistics ALLOWED/ NSU FRESH PF No Spectacles or Glass 1. Name of Candidate [First Name, Middle Name, Last Name](In English): (In CAPITALS)* Do not write Mr/Ms	Examination Center:								
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) 1. General Biochemistry 1. Enzymes & Metabolism-2 1. Name of Candidate [First Name, Middle Name, Last Name](In English): (In CAPITALS)* Do not write Mr/Ms	Examination Roll No			(1	Not to be filled by candidate)				
t is requested to kindly allow me to appear in the following subject of the university examination for the year 2024-25 (For Office Use) ALLOWED/ NSU FRESH PF ALLOWED/ NSU FRESH PF	ABVMUUP Enrollment No (Student ID No.)								
20. Enzymes & Metabolism-2 20. Basic Medical Laboratory Management 20. Research Methodology Biostatistics ALLOWED/ NSU FRESH PF Not less than 3.5 cm x 4.00 cm Face Not less than 2 cm No Spectacles or Glass 1. Name of Candidate [First Name, Middle Name, Last Name](In English): (In CAPITALS)* Do not write Mr/Ms	Sir, It is requested to kindly allow 2024-25	me to appear i		ct of the university	examination for the year				
ALLOWED/ NSU FRESH PF Not less than 3.5 cm x 4.00 cm Face Not less than 2 cm No Spectacles or Glass 1. Name of Candidate [First Name, Middle Name, Last Name](In English): (In CAPITALS) * Do not write Mr/Ms	01 General Riochemistry		ALLOWED/ NSU	FRESH PF	Coloned Phate				
ALLOWED/ NSU FRESH PF O4. Research Methodology Biostatistics ALLOWED/ NSU FRESH PF ALLOWED/ NSU FRESH PF ALLOWED/ NSU FRESH PF Face Not less than 2 cm No Spectacles or Glass 1. Name of Candidate [First Name, Middle Name, Last Name](In English): (In CAPITALS) * Do not write Mr/Ms	•		ALLOWED/ NSU	FRESH PF	Not less				
ALLOWED/ NSU FRESH PF No Spectacles or Glass	•	anagement	ALLOWED/ NSU	FRESH PF	Face Not less				
Name of Candidate [First Name, Middle Name, Last Name](In English): (In CAPITALS) * Do not write Mr/Ms	•	-	ALLOWED/ NSU	FRESH PF	No Spectacles or				
2. Father's Name: [First Name, Middle Name, Last Name](In English): (In CAPITALS) * Do not write Mr/Shri	Name of Candidate [First Name of Candidate First Name of Candid	e, Middle Name, La	ast Name](In English): (In C/	APITALS) * Do not write !	Mr/Ms				
	2. Father's Name: (First Name, Mi	ddle Name. Last Na	ame](In English): (In CAPIT)	ALS) * Do not write Mr/Sh	nri				
3. Mother's Name: [First Name, Middle Name, Last Name](In English): (In CAPITALS)* Do not write Mrs/Smt	3. Mother's Name: [First Name, M	iddle Name, Last Na	ame](In English): (In CAPIT	ALS) * Do not write Mrs/	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.		_			ana 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

ENRO							KOL	e Code: 202) 1 st Semester Exam								(ABVMUUP Office)									
COURSE NAMEMMLS (Course						e Co	Batch																		
								(M	aste	r In I	Med	ical	Lab	orat	ory (Scie	ence	·)							
Name of College:									College Code						le										
	uder Applica		egis	strat	ion I	No. g	give:	n by	Coll	ege	:										than	3.5 ci	ph Not m x 4.0	00 cm	
ABVMUUP Enrollment No (Student ID No.)																			cles or		- 1				
*E	xample	:- D	o NO	T Pre	fer Mr	/Mrs /	Miss	i																	
1.	Nam	e o	f Ca	ndida	ate [F	irst Na	ame, N	Middle	Name	, Last	Nam	e](In E	Englisl	h): (In	CAPI [*]	TALS) * D e	o not v	vrite M	Ir/Ms					
2.	Fath	er's	Nan	ne: [F	irst Na	me, M	1iddle	Name	e, Last	Name](In E	nglish T	n): (In	CAPIT	TALS)) * D c	not v	write N	Ir/Shri	ı	1				1
3	Moth	ner's	Nar	ue. II	First N	ame M	Middle	Nam	e Last	Name	-1/In F	nalis	h): (lr	n CAPI	TALS) * D	o not	write N	Mrs/Sn	nt			<u> </u>		
٥.	Wieti	101 0	T Tan	110. _[1	110011	1110, 1	Viidaic	T		T Tallic),(Inglio	11). (11	10/11/	17120		1.00		1110/01		Τ			Π]
4.	Gend	der:	(Ma	le/Fe	male	/Othe	er) 5	. Da	ate of	Birth	(DD	/MM/`	YYYY;)	6. [Date	of A	dmiss	sion to	o abo	ove o	ours	e (DD/	 ′ММ/Ү 	YY)
_	0.4							D . I'	<u>′ </u>		1′	<u> </u>	<u> </u>					<u> </u>	1 1	/ -					
1.	Categ	Jory	(UR/	OBC/	SC/ST)	0.	Relig	jion 							$\overline{}$		Cont	lact iv	IO (IVI	IODIIE	;) 		1	Т
																	+91								
10). Ema	ail IE) (P	lease	write	e ver	y cle	arly i	n CA	PITA	L let	ters	only))				1 1			1				
11	. Perr	man	ent /	Addre	ess																				_
11	. Disti	rict								12.	St	ate							13.	Pir	n Cod	de			_
14	. Aad	haa	r No									15.	Naı	me of	Sele	ectio	n Bo	ard Q	ualify	ing E	Exam	1 (eg (CET, e	tc)	
											1													\neg	
16	. Roll I	No c	of the	Qual	ifying	Exam	ninatio	on	I	1	_	[
D -	ata (Di	D/8.45	1000	^ ^·																/C:		o of 4	ha Ct	udont	

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