

ATAL BIHARI VAJPAYEE MEDICAL UNIVERSITY UTTAR PRADESH, LUCKNOW

	ADMIT CARD				
COURSE NAME	M.Optom (Course Code: 204) 1st	Semester Exam	Batch		
	(Master of Optometr	y)			
Name of College:		College Code			
Examination Center:		····			
Examination Roll No			Photograph Not less than 3.5 cm x 4.00		
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 Na	/ Miss me, Middle Name, Last Name](In English): (In CAF	PITALS) * Do not write	Signature of the Student)		
2. Father's Name: [First Name,	Middle Name, Last Name](In English): (In CAPITAL	.S) * Do not write Mr/\$	3hri		
3. Mother's Name: [First Name,		LS)* Do not write Mrs	s/Smt		
Epidemiology & Community Diagnostics-I	(Is being permitted in the following Eye Care 2. Research Methodology &	& Biostatistics 3. (Ocular Diseases and eal & Signature of the Principal)		
	Instructions to Candia				

- 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)

COURSE NAME	. ,	se Code: 204) 1 st Se ster of Optometry)	emester Exam Bat	ch					
	(IVIAS	ster or optometry)							
Name of College:			College Code						
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 2024-25 (For Office Use)									
	•	·							
01. Epidemiology & Community	Evo Caro	ALLOWED/ NSU	FRESH PF	Colored Photograph					
	•	ALLOWED/ NSU	FRESH PF	Not less					
02. Research Methodology & Biostatistics03. Ocular Diseases and Diagnostics-IALLOWED/ NSU			FRESH PF	than 3.5 cm x 4.00 cm Face Not less					
Name of Candidate [First Name]				than 2 cm No Spectacles or Glass					
2. Father's Name: [First Name, Mid	ldle Name, Last Name](Ir	n English): (In CAPITALS)	* Do not write Mr/Shri						
3. Mother's Name: [First Name, Mi	ddle Name, Last Name](I	n English): (In CAPITALS)	* 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.									

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

Form No: (ABVMUUP Office)

COURSE NAME	. ,	urse Code: laster of O	,	mester E	xam Ba	tch	
Name of College:	(idater or o		College C	ode		
Student Registration No. giv	ven by College	9 :				Photograph N than 3.5 cm x s Face Not less th	4.00 cm
ABVMUUP Enrollment No (Student ID No.)						No Spectacles	
*Example :- Do NOT Prefer Mr /Mrs / M							
Name of Candidate [First Name	e, Middle Name, Last	t Name](In Eng	ish): (In CAPIT	ALS)* Do n	ot write Mr/N	//s	
2. Father's Name: [First Name, Midd	dle Name, Last Name	e](In English): (In CAPITALS)	* Do not wri	te Mr/Shri		
3. Mother's Name: [First Name, Mid	ddle Name, Last Nam	ne](In English): (In CAPITALS)) * Do not wr	ite Mrs/Smt		
4. Gender: (Male/Female/Other)) 5. Date of Birtl	h (DD/MM/YYY	Y) 6. D	ate of Adn	nission to a	above course (D	D/MM/YY
	/	/		/		/	
7. Category (UR/OBC/SC/ST) 8	3. Religion			9. C	ontact No	(Mobile)	
				+91			
10. Email ID (Please write very o	clearly in CAPITA	AL letters onl	y)	1 1 1	1 1	1 1 1	\neg
11. Permanent Address							
11. District	12	2. State			13.	Pin Code	
					-		
14. Aadhaar No		15 N	ame of Sele	ction Boar	d Qualifyin	g Exam (eg CET	, etc)
16. Roll No of the Qualifying Examina	nation						
Date (DD/MM/YYYY):					(S	ignature of the S	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)