





# ATAL BIHARI VAJPAYEE MEDICAL UNIVERSITY UTTAR PRADESH, LUCKNOW

## EXAMINATION FORM

**Form No:**  
(ABVMUUP Office)

**COURSE NAME**..... BMRIT (Course Code:110 ) 1<sup>st</sup> Semester Exam **Batch**.....  
(Bachelor of Medical Radiology Imaging Technology)

**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**

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(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. General Anatomy- I	ALLOWED/ NSU	FRESH	PF
02. General Physiology-I	ALLOWED/ NSU	FRESH	PF
03. Basic in Computer & Information Scienc	ALLOWED/ NSU	FRESH	PF
04. Introduction to Quality and Patient Saf	ALLOWED/ NSU	FRESH	PF
05. Applied Physics	ALLOWED/ NSU	FRESH	PF
06. Image Acquisition , Processing & Archiving	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)**



# ATAL BIHARI VAJPAYEE MEDICAL UNIVERSITY UTTAR PRADESH, LUCKNOW

## ENROLLMENT FORM

Form No:  
(ABVMUUP Office)

**COURSE NAME**.....BMRIT (Course Code:110 ) 1<sup>st</sup> Semester Exam **Batch**.....  
**(Bachelor of Medical Radiology Imaging Technology)**

**Name of College:**

**College Code**

Photograph Not less than 3.5 cm x 4.00 cm Face Not less than 2 cm No Spectacles or Glass					

**Student Registration No. given by College:** \_\_\_\_\_  
(If Applicable)

**ABVMUUP Enrollment No**  
(Student ID No.)

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\*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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4. Gender: (Male/Female/Other) 5. Date of Birth (DD/MM/YYYY)

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6. Date of Admission to above course (DD/MM/YYYY)

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7. Category (UR/OBC/SC/ST)

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8. Religion

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9. Contact No (Mobile)

+91														
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10. Email ID ( Please write very clearly in CAPITAL letters only)

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11. Permanent Address

\_\_\_\_\_

11. District

\_\_\_\_\_

12. State

\_\_\_\_\_

13. Pin Code

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14. Aadhaar No

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15. Name of Selection Board Qualifying Exam (eg CET, etc)

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16. Roll No of the Qualifying Examination

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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

Name of the Principal  
(Seal & Signature of the Principal)

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