



ATAL BIHARI VAJPAYEE MEDICAL UNIVERSITY UTTAR PRADESH, LUCKNOW

EXAMINATION FORM

Form No:
(ABVMUUP Office)

COURSE NAME..... MMLS Hematology & Blood Banking (Course Code:) 1st Semester Exam Batch.....
(Hematology and Blood Banking)

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. Fundamentals of Haematology	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
02. General Pathology	ALLOWED/ NSU	FRESH	PF	
03. Basic Medical Laboratory Management	ALLOWED/ NSU	FRESH	PF	
04. Research Methodology & Biostatistics	ALLOWED/ NSU	FRESH	PF	

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)



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ENROLLMENT FORM

Form No:
(ABVMUUP Office)

COURSE NAME..... MMLS Hematology & Blood Banking (Course Code:) 1st Semester Exam Batch.....

(Hematology and Blood Banking)

Name of College:

College Code

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Student Registration No. given by College: _____
(If Applicable)

ABVMUUP Enrollment No
(Student ID No.)

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Photograph Not less than 3.5 cm x 4.00 cm Face Not less than 2 cm No Spectacles or Glass
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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) 6. Date of Admission to above course (DD/MM/YYY)

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

8. Religion

9. Contact No (Mobile)

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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

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)