

ATAL BIHARI VAJPAYEE MEDICAL UNIVERSITY UTTAR PRADESH, LUCKNOW

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2.	Fatl	her's	Nar	ne: [F	irst Na	ame, N	1iddle	Name	, Last	Name	e](In E	English): (In	CAPIT	ALS)	* Do	not w	rite M	r/Shri						
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- 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.
- 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 MN	ILS Hematology &	& Blood B	anking (Cours	se Cod	le:) 1 st \$	Semester	Exam	Batc	h		
	(I	Hematol	ogy and	d Blo	od Ba	nkir	ıg)						
Name of College:							Colle	ge Cod	e [
Examination Center:									L				
Examination Roll No									(Not to b	e filled	by car	ndidate	∍)
ABVMUUP Enrollment No (Student ID No.)													
Sir, It is requested to kindly allov	v me to appear in	the follo	wing su	ıbject	of the	univ	ersity	examina	tion for	the ye	ear 20	24-2	5
		(Foi	r Office	Use)								
01 . Fundamentals of Haem	natology				D/ NSU	\neg	FRESH		1				
02 . General Pathology					D/ NSU D/ NSU		FRESI FRESI		Co	lored l No	Photog t less	ıraph	
03. Basic Medical Laborato04. Research Methodology)/ NSU		FRESI		tha	n 3.5 c Face			
Name of Candidate [First	Name, Middle Name	e, Last Nar	ne](In En	glish):	(In CAI	PITAL	.S)* D o	o not write		No Spe G	lass		
2. Father's Name: [First Nam	e, Middle Name, Las	st Name](Ir	n English)	: (In C	APITAI	LS)*	Do not	write Mr/S	hri	•	•		
3. Mother's Name: [First Nam	ne, Middle Name, La	st Name](I	n English): (In (CAPITA	LS)*	Do not	write Mrs	/Smt				
Date (DD/MM/YYYY):									(Sign	ature	of the	e Stu	dent)
Certified that the Photograp							ked by	/ college	and is	corre	<u>ct</u>		
The student is allowed to ap	pear in the exar	mination	as indic	ated	above	<u>).</u>							

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

RVMIII P Enrollment No.		ENRULLI	MENI FORM	(ABVMUL				
Amme of College: Ludent Registration No. given by College: Applicable) BVMUUP Enrollment No (Student ID No.) Rample:- Do NOT Prefer Mr /Mrs / Miss Name of Candidate [First Name, Middle Name, Last Name](in English): (in CAPITALS) * Do not write Mr/Ms Father's Name: [First Name, Middle Name, Last Name](in English): (in CAPITALS) * Do not write Mr/Shri Mother's Name: [First Name, Middle Name, Last Name](in English): (in CAPITALS) * Do not write Mr/Shri Gender: (Male/Female/Other) 5. Date of Birth (DD/MM/YYYY) Gender: (Male/Female/Other) 5. Date of Birth (DD/MM/YYYY) Category (UR/OBC/SC/ST) 8. Religion 9. Contact No (Mobile) 10. Email ID (Please write very clearly in CAPITAL letters only) 11. Permanent Address 12. State 13. Pin Code 14. Aadhaar No 15. Name of Selection Board Qualifying Exam (eg CET, etc)	OURSE NAME MMLS	Hematology & Blood Banking	(Course Code:) 1 st	Semester Exam	Batch			
Rudent Registration No. given by College: Applicable) BVMUUP Enrollment No (Student ID No.) Axample :- Do NOT Prefer Mr /Mrs / Miss Name of Candidate [First Name, Middle Name, Last Name](In English): (In CAPITALS) * Do not write Mr/Ms Father's Name: [First Name, Middle Name, Last Name](In English): (In CAPITALS) * Do not write Mr/Shri Mother's Name: [First Name, Middle Name, Last Name](In English): (In CAPITALS) * Do not write Mr/Shri Gender: (Male/Female/Other) 5. Date of Birth (DD/MM/YYYY) 6. Date of Admission to above course (DD/MM/CAPITALS) * Do not write Mr/Smt Category (UR/OBC/SC/ST) 8. Religion 9. Contact No (Mobile) Permanent Address District 12. State 13. Pin Code Aadhaar No 15. Name of Selection Board Qualifying Exam (eg CET, etc)		(Hematology a	nd Blood Banking)					
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Certified that the Photograph, signature and student record have been checked by college and is correct