

# ATAL BIHARI VAJPAYEE MEDICAL UNIVERSITY UTTAR PRADESH, LUCKNOW

		ADMIT CA	RD Seri (ABV	<b>al No:</b> MUUP Office)
COURSE NAME MMLS	Microbiology	(Course Code:	) 1 <sup>st</sup> Semester Exam	Batch
		( Medical Microb	iology)	
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
				Signature of the Student)

#### \*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

2.	Fath	ner's	Nam	e: [Fi	rst Na	me, M	iddle I	Name,	Last	Name	](In Er	nglish)	: ( In C	CAPIT	ALS)	* Do r	not wr	ite Mr	/Shri			
3. Mother's Name: [First Name, Middle Name, Last Name](In English): (In CAPITALS) * Do not write Mrs/Smt																						

#### (Is being permitted in the following Subjects)

1. Basic Medical Microbiology 2.Systematic Bacteriology 3.Basic Medical Laboratory Management 4. Research Methodology & Biostatistics

#### (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.
- 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 hall.
- 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 MMLS Microbiology (	Course Code: )	1 <sup>st</sup> Semester Exam	Batch
( M	ledical Microbiology	)	
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 fol	lowing subject of the ι	iniversity examination fo	or the year 2024-25
(F	or Office Use)		
01. Basic Medical Microbiology	ALLOWED/ NSU	FRESH PF	
	ALLOWED/ NSU	<u>-</u>	Colored Photograph Not less
02. Systematic Bacteriology	ALLOWED/ NSU	FRESH PF	Not less nan 3.5 cm x 4.00 cm
<ul><li>02. Systematic Bacteriology</li><li>03. Basic Medical Laboratory Management</li></ul>	1		Not less
<ul><li>02. Systematic Bacteriology</li><li>03. Basic Medical Laboratory Management</li><li>04. Research Methodology &amp; Biostatistics</li></ul>	ALLOWED/ NSU ALLOWED/ NSU	FRESH PF	Not less nan 3.5 cm x 4.00 cm Face Not less than 2 cm No Spectacles or Glass
<ul> <li>02. Systematic Bacteriology</li> <li>03. Basic Medical Laboratory Management</li> <li>04. Research Methodology &amp; Biostatistics</li> </ul>	ALLOWED/ NSU ALLOWED/ NSU	FRESH PF	Not less nan 3.5 cm x 4.00 cm Face Not less than 2 cm No Spectacles or Glass
<ul> <li>02. Systematic Bacteriology</li> <li>03. Basic Medical Laboratory Management</li> <li>04. Research Methodology &amp; Biostatistics</li> </ul>	ALLOWED/ NSU ALLOWED/ NSU	FRESH PF	Not less nan 3.5 cm x 4.00 cm Face Not less than 2 cm No Spectacles or Glass
<ul> <li>02. Systematic Bacteriology</li> <li>03. Basic Medical Laboratory Management</li> <li>04. Research Methodology &amp; Biostatistics</li> <li>1. Name of Candidate [First Name, Middle Name, Last N</li> <li>2. Father's Name: [First Name, Middle Name, Last Name]</li> </ul>	ALLOWED/ NSU ALLOWED/ NSU ame](In English): ( In CAPI	FRESH     PF       FRESH     PF	Not less nan 3.5 cm x 4.00 cm Face Not less than 2 cm No Spectacles or Glass

### 3. Mother's Name: [First Name, Middle Name, Last Name](In English): (In CAPITALS)\* Do not write Mrs/Smt

	-	-		, (	,		

Date (DD/MM/YYYY):

### (Signature of the Student)

<u>Certified that the Photograph, signature and student record have been checked by college and is correct</u> <u>The student is allowed to appear in the examination as indicated above.</u>



# ATAL BIHARI VAJPAYEE MEDICAL UNIVERSITY UTTAR PRADESH, LUCKNOW

												<b>m No:</b> √MUUP Office)										
COURSE NAMEMMLS	6 Mici	robio	logy						1 <sup>st</sup>	Ser	nes	ster	Ex	am	E	Bat	ch.					•
				( M	Iedio	cal N	licro	obiol	ogy)													
Name of College:										C	oll	ege	e Co	ode								
Student Registration No (If Applicable)	. giver	ו by	Coll	ege:											-		Pho <sup>-</sup> han					
ABVMUUP Enrollment No (Student ID No.)																Fa	ace I lo Sp	Not I	ess	than	2 cr	m
*Example :- Do NOT Prefer Mr /Mı	rs / Miss																					
1. Name of Candidate [First	Name, N	liddle I	Name	, Last	Name	e](In E	nglisł	n): ( In	CAPI	TALS	5)* <b>[</b>	Do n	ot w	rite I	Mr/Ms	5		1				_
2. Father's Name: [First Name	, Middle	Name,	Last	Name]	(In Er	nglish	): ( In	CAPIT	ALS	) * Do	o not	t wri	te Mr	/Shr	i							-
3. Mother's Name: [First Name	e, Middle	Name	, Last	Name	](In E	nglish	ı): ( In	CAPI	FALS	) * D	o no	t wr	ite M	rs/S	mt							_
<ul> <li>4. Gender: (Male/Female/Of</li> <li>7. Category (UR/OBC/SC/ST)</li> </ul>		. Da	/	Birth	(DD/	MM/Y	YYY)		6. I	Date		/			to at				se (	DD/N	мм/ <sup>,</sup>	ΥY
												T						,			Т	—
											+9 <sup>-</sup>	1										
10. Email ID ( Please write v	ery clea	arly in	I CAF	PITAL	_ lett	ers c	only)															
11. Permanent Address	· · ·																					
11. District				12.	Sta	ate								13	. P	in (	Cod	е				
													-									
14. Aadhaar No						15.	Nar	ne of	Sele	ectio	n B	oar	d Qu	Jalif	ying	Ex	am	(eg	CEI	۲, eta	c)	
						Γ																
16. Roll No of the Qualifying Ex	aminatic	on																			]	
<b>Date</b> (DD/MM/YYYY):															(Sig	gna	ture	of	the	Stu	den	ıt)
Certified that the Photograph	n, signa	ture a	and s	tude	nt re	<u>cord</u>	have	e bee	n ch	ecke	ed b	y co	olleg	<u>e a</u>	nd is	s <u>c</u> o	orre	ct				