

ATAL BIHARI VAJPAYEE MEDICAL UNIVERSITY UTTAR PRADESH, LUCKNOW

		ADMIT CA		Serial No: (ABVMUUP Office)						
COURSE NAMEMN	ILS Pathology	(Course Code: (Pathology)) 1 st Semeste	er Exam	Batch					
Name of College:			College	Code						
Examination Center:		· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·							
Examination Roll No ABVMUUP Enrollment No					Photograph Not less than 3.5 cm x 4.00 cm Face Not less than 2					
(Student ID No)					cm No Spectacles or Glass					
Example :- Do NOT Prefer Mr /Mrs 1. Name of Candidate [First Na		Last Name](In English): (n CAPITALS) Do r	oot write Mr/	Signature of the Student					
2. Father's Name: [First Name,	Middle Name, Last N	Name](In English): (In CA	PITALS) * Do not w	rite Mr/Shri						
3. Mother's Name: [First Name,	Middle Name, Last	Name](In English): (In C/	APITALS) * Do not v	rite Mrs/Sm	t					
1. General Histology 2. Aր 4. Research Methodology & I	pplied Histology	permitted in the fo 3 .Medical Labor								
				-	& Signature of the Principal)					
		4 41								

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 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 N	MLS	Pathol	ogy	(Co	urse	Coc	de:)	1 st S	eme	ster	Exa	m	Bat	ch			
					(Path	olog	y)										
Name of College:										Co	llege	e Cod	de					
Examination Center: _																		
Examination Roll No													(Not	to be	filled	by caı	ndidat	e)
ABVMUUP Enrollment N (Student ID No.)	0																	
Sir, It is requested to kindly allo	ow me to	appea	ır in t	he fo	llowi	ng sı	ıbjec	t of th	ne uni	iversi	ity ex	amina	ation	for t	he ye	ear 20	24-2	5
				(F	or C	office	Use)										
01 . General Histology					Г	ALL	OWE	D/ NS	SU	FRE	ESH	PF	٦					
02 . Applied Histology						ALLOWED/ NSU				FRE	ESH	PF]	Colored Photograph Not less				
03. Medical Laboratrry Management					ALLOWED/ NSU			U	FRESH PF				than 3.5 cm x 4.00 cm Face Not less					
04. Research Methodolog	y & Bio	-Statist	ics			ALL	OWE	D/ NS	U	FRESH PF than 2					2 cm			
Name of Candidate [Fire	st Name,	Middle N	lame,	Last N	Name]	(In En	glish):	(In C	APITA	LS)*	Do n	ot writ	e Mr/l	Vis	G	ass		
2. Father's Name: [First Na	me, Midd	e Name	, Last	Name](In E	nglish)): (In (CAPIT	ALS)	* Do r	not wr	ite Mr/	Shri					
3. Mother's Name: [First Na	ame, Mido	lle Name	e, Last	Name	e](In E	nglish): (In	CAPIT	ALS)	* Do	not w	rite Mr	s/Sm	t	I	I		
Date (DD/MM/YYYY): Certified that the Photogra		nature :	and s	stude	nt re	cord	have	hee	n che	ockeo	l by c	onlla o		_			e Stu	dent)
The student is allowed to a	-									oncu	y C	,oneg	<u>. uiii</u>	<i></i> 10 C	, , , , , ,	<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

	ENROLLMENT FORM					Form No: (ABVMUUP Office)							
COURSE NAME MML	S Patho	logy (Co			-	Sem	ester	Exam	В	atch			
			(Pat	hology)									
Name of College:						Colle	ge Co	ode					
Student Registration No. gi	iven by C	College:									tograp 3.5 cm		
ABVMUUP Enrollment No (Student ID No.)									Face Not less than 2 cm No Spectacles or Glass				
*Example :- Do NOT Prefer Mr /Mrs / I 1. Name of Candidate [First Name of Candidate]		lame, Last I	Name](In	English): (In CAPI	TALS)	* Do no	t write M	Ir/Ms		ı		
2. Father's Name: [First Name, Min	ddle Name I	I ast Namel	(In English	n): (In CA	PITALS)	* Do r	not write	Mr/Shri				<u> </u>	
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3. Mother's Name: [First Name, M	iddle Name,	Last Name	In Englis	h): (In C	APITALS) * Do	not write	e Mrs/Sn	nt				
4. Gender: (Male/Female/Other	·) 5. Date	e of Birth	(DD/MM/	YYYY)	6. [Date o	of Adm	ission to	o abc	ve co	ourse	(DD/	MM/YYY
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7. Category (UR/OBC/SC/ST)	8. Religio	on	1 .		<u> </u>		9. Co	ntact N	lo (M	obile)		J
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10. Email ID (Please write very	clearly in	CAPITAL	letters	only)									
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11. Permanent Address				1 1	1 1						<u> </u>		
11. District		12.	State					13.	Pin	Cod	e		
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14. Aadhaar No			15.	Name	of Sele	ection	Board	Qualify	ing E	xam	(eg C	ET, et	c)
16. Roll No of the Qualifying Exami	nation												
Date (DD/MM/YYYY):	_								(Sign	ature	of th	e Stu	ıdent)

Certified that the Photograph, signature and student record have been checked by college and is correct