

ATAL BIHARI VAJPAYEE MEDICAL UNIVERSITY UTTAR PRADESH, LUCKNOW

ADMIT	CARD
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Serial No: (ABVMUUP Office)

	DD (0 0 1	100) 15 0	
COURSE NAME	•	100) 1st Semester Exam Theatre Technology)	Batch 2024-2025
Name of College:	(B.00 iii operation	College Code	
Examination Center:			
Examination Roll No ABVMUUP Enrollment No (Student ID No.)			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 / I			Signature of the Student)
1. Name of Candidate [First Nam	e, Middle Name, Last Name](In Er	glish): (In CAPITALS) * Do not write	: Mr/Ms
2. Father's Name: [First Name, Mi	ddle Name, Last Name](In English): (In CAPITALS) * Do not write Mr/S	Shri
3. Mother's Name: [First Name, M	iddle Name. Last Namel(In English): (In CAPITALS) * Do not write Mrs	s/Smt
inearer of realities, in	ladio Hame, Zaot Hamej(in Zhgior		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
Introduction to Healthcare De A. Research Methodology an and Record Keeping B. Medica	elivery System in India 2. And Biostatistics B. Introducti		
		(\$	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)

EXAMINATION OF	BOTT (Course Code	:100) 1 st Semest	er Exam Bat	tch 2024-2025
	(B.Sc in Operati	on Theatre Tech	nology)	
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 2024-25	me to appear in the fo	llowing subject of	the university exa	amination for the year
	(For Of	fice Use)	Г	
01. Introduction to Healthcare D	elivery System in India	ALLOWED/	FRESH PF	
02. A. Professional and Values		ALLOWED/ NSU	FRESH PF	Colored Photograph Not
B. Principal of Management	-1	ALLOWED/ NSU	FRESH PF	less than 3.5 cm x 4.00 cm
03. A. Research Methodology a	and Biostatistics			Face Not less than 2 cm
B. Introduction to Quality An	nd Patient Safety	ALLOWED/ NSU	FRESH PF	No Spectacles or Glass
04. A. Medical Terminology and	Record Keeping	ALLOWED/ NSU	FRESH PF	
B. Medical law and Ethics		<u>-</u>		
*Example :- Do NOT Prefer Mr /Mrs / M 4. Name of Candidate [First Name		n English): / In CARITA	I C) * Do not write Mr/N	Mo
Name of Candidate [rist Name	e, ivildule Name, Last Namej(i	II Eligiisii). (III CAFITA	LS) Do not write with	ns
5. Father's Name: [First Name, Mic	ddle Name, Last Name](In En	glish): (In CAPITALS)	* Do not write Mr/Shri	
C. Mathaw's Name (F)		II I) (I CARITALO)	***	
6. Mother's Name: [First Name, Mi	iddle Name, Last Name](In Er	nglish):(In CAPITALS)	* Do not write Mrs/Smt	;
Date (DD/MM/YYYY): Certified that the Photograph, sign		ord have been che		Signature of the Student)

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

The student is allowed to appear in the examination as indicated above.

(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 BOTT ((Course Code: 100) 1st Sem		Batch	
Name of College:		College Code		
Student Registration No. given by (If Applicable)	College:		Photograph	m x 4.00
ABVMUUP Enrollment No (Student ID No.)			Face Not le cm No Spect Glas	ess than 2 n acles or
*Example :- Do NOT Prefer Mr /Mrs / Miss 7. Name of Candidate [First Name, Middle	Name Last Name1/In English): / In CAF	NTALS) * Do not wri	to Mr/Mo	
7. Name of Candidate [First Name, Middle	Name, Last Name](III English). (III CAF	TIALS) DO NOT WIT	LE IVIT/IVIS	
8. Father's Name: [First Name, Middle Name,	Last Name](In English): (In CAPITALS)* Do not write Mr/	Shri	
9. Mother's Name: [First Name, Middle Name	, Last Name](In English): (In CAPITALS	S)* Do not write Mrs	s/Smt	
10.Gender: (Male/Female/Other) 5. Da	ite of Birth (DD/MM/YYYY) 6.	Date of Admission	on to above course (I	DD/MM/YYY)
	7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7			
7. Category (UR/OBC/SC/ST) 8. Religi	ion	9. Contac	ct No (Mobile)	
		+91		
10. Email ID (Please write very clearly in	CAPITAL letters only)			
14. Dayman and Address				
11. Permanent Address				
11. District	12. State		13. Pin Code	
				
14. Aadhaar No	15. Name of Sel	lection Board Qua	alifying Exam (eg CET	, etc)
16. Roll No of the Qualifying Examination				
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)