



ATAL BIHARI VAJPAYEE MEDICAL UNIVERSITY UTTAR PRADESH, LUCKNOW

ENROLLMENT FORM

Form No:
(ABVMUUP Office)

COURSE NAME..... BASLP (Course Code: 103) 1st Semester Exam **Batch**.....
(Bachelor In Audiology & Speech Language Pathology)

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

*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/YYYY)**

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

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8. **Religion**

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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**

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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)



ATAL BIHARI VAJPAYEE MEDICAL UNIVERSITY UTTAR PRADESH, LUCKNOW

EXAMINATION FORM

Form No:
(ABVMUUP Office)

EXAMINATION OFBASLP (Course Code: 103) 1st Semester Exam Batch

(Bachelor In Audiology & Speech Language Pathology)

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

(Student ID No.)

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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. Communication Sciences
02. Anatomy and Physiology of Speech and Hearing
03. Clinical Psychology
04. Linguistics and Phonetics
05. Electronics and Acoustics
06. Research Methods and Statistics

ALLOWED/ NSU	FRESH	PF
ALLOWED/ NSU	FRESH	PF
ALLOWED/ NSU	FRESH	PF
ALLOWED/ NSU	FRESH	PF
ALLOWED/ NSU	FRESH	PF
ALLOWED/ NSU	FRESH	PF

Colored Photograph
Not less
than 3.5 cm x 4.00 cm
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No Spectacles or
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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)