

ATAL BIHARI VAJPAYEE MEDICAL UNIVERSITY UTTAR PRADESH, LUCKNOW

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3. Mother's Na	me: [F	irst Na	ame, I	Middle	Name	e, Las	t Name	e](In E	nglish): (lı	n CAPI	TALS) * D	o no	t wri	te M	rs/Sr	nt						_
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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

	ADMIT CARD	Serial No: (ABVMUUP Office)
COURSE NAME	BASLP (Course Code:103) 1 st Semester Exam	Batch
(В	achelor In Audiology & Speech Language Path	ology)
Name of College:	College C	ode
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, N	liddle l	Name,	Last	Name](In Er	nglish):	: (In C	CAPIT	ALS)	* Do r	not wr	ite Mr	/Shri			
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(Is being permitted in the following Subjects)

1. Communication Sciences 2. Anatomy and Physiology of Speech and Hearing 3. Clinical Psychology 4. Linguistics and Phonetics 5. Electronics and Acoustics 6. Research Methods and Statistics

(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	BAS	LP ((Cou	rse C	Code	: 10	3) [,]	l st S	Seme	este	er Ex	am	Bate	ch			
(E	achelo	r In /	Aud	iolo	gy &	Sp	eec	h La	ang	uag	je Pa	athol	ogy)				
Name of College:										Co	olleg	ge Co	ode				
Examination Center:																	
Examination Roll No													(Not	to be filled	d by car	ididate)	
ABVMUUP Enrollment No (Student ID No.)																	
Sir, It is requested to kindly allo 2024-25	w me to	app	eari	in the	e foll	owii	ng s	ubje	ect c	of th	e un	ivers	ity exa	aminatio	on for	the yea	ı r

(For Office Use)

ALLOWED/ NSU FRESH PF 01. Communication Sciences ALLOWED/ NSU FRESH PF Anatomy and Physiology of Speech and Hearing Colored Photograph 02. Not less ALLOWED/ NSU FRESH PF **03.** Clinical Psychology than 3.5 cm x 4.00 cm ALLOWED/ NSU FRESH PF Face Not less 04. Linguistics and Phonetics than 2 cm ALLOWED/ NSU FRESH PF No Spectacles or **05.** Electronics and Acoustics Glass ALLOWED/ NSU FRESH PF 06. Research Methods and Statistics

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. Father's Name: [First Name, Middle Name, Last Name](In English): (In CAPITALS) * Do not write Mr/Shri

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

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