

ATAL BIHARI VAJPAYEE MEDICAL UNIVERSITY UTTAR PRADESH, LUCKNOW

| | ADMIT CARD | Serial No: (ABVMUUP Office) |
|--|---|---|
| COURSE NAME | BMLS (Course Code:108) 1 st Semester Exan | n Batch |
| | (Bachelor In Medical Laboratory Science) | |
| Name of College: | College C | Code |
| Examination Center: | | |
| Examination Roll No | | Photograph Not less than 3.5 cm x 4.00 |
| ABVMUUP Enrollment No (Student ID No) | | Cm Face Not less than 2 cm No Spectacles or Glass |
| | | |

*Example :- Do NOT Prefer Mr /Mrs / Miss

Signature of the Student)

1. Name of Candidate [First Name, Middle Name, Last Name] (In English): (In CAPITALS) * Do not write Mr/Ms

| 2. | 2. Father's Name: [First Name, Middle Name, Last Name](In English): (In CAPITALS) * Do not write Mr/Shri | | | | | | | | | | | | | | | | | | |
|----|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| | | | | | | | | | | | | | | | | | | | |
| 3. | 5. Mother's Name: [First Name, Middle Name, Last Name](In English): (In CAPITALS) * Do not write Mrs/Smt | | | | | | | | | | | | | | | | | | |
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(Is being permitted in the following Subjects)

1.Basic Computer & information Science2.English Communication and Soft skills3.Introduction to Quality & PatientSafety4.Medical Law & Ethics5. Basic Preventive Medicine and Community Health Care6. Environment Science

(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**

Form No:

EXAMINATION FORM

| | | (ABVI | MUUP Office) | | | | | | | |
|--|--|-------------------------|-----------------------------------|--|--|--|--|--|--|--|
| COURSE NAME BMLS (Course | Code: 108) 1 st Seme | ester Exam Ba | tch | | | | | | | |
| (Bachelor In | Medical Laboratory | Science) | | | | | | | | |
| Name of College: | | College Code | | | | | | | | |
| Examination Center: | | | | | | | | | | |
| Examination Roll No | | (Not | Not to be filled by candidate) | | | | | | | |
| ABVMUUP Enrollment No (Student ID No.) | | | | | | | | | | |
| Sir, It is requested to kindly allow me to appear in t 2024-25 (F | ne following subject o or Office Use) | of the university exa | amination for the year | | | | | | | |
| 01. Basic Computer & information Science | ALLOWED/ NSU | FRESH PF | Colored Photograph | | | | | | | |
| 02. English Communication and Soft skills | ALLOWED/ NSU | FRESH PF | Not less than 3.5 cm x 4.00 cm | | | | | | | |
| 03. Introduction to Quality & Patient Safety | ALLOWED/ NSU | FRESH PF | Face Not less than 2 cm | | | | | | | |
| 04. Medical Law & Ethics | ALLOWED/ NSU | FRESH PF | No Spectacles or Glass | | | | | | | |
| 05. Basic Preventive Medicine and Community He | ALLOWED/ NSU | FRESH PF | | | | | | | | |
| 06. Environment Science | ALLOWED/ NSU | FRESH PF | | | | | | | | |
| 1. Name of Candidate [First Name, Middle Name, Last N | ame](In English): (In CAPIT/ | ALS)* Do not write Mr/M | As | | | | | | | |
| 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)

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.



ATAL BIHARI VAJPAYEE MEDICAL UNIVERSITY UTTAR PRADESH, LUCKNOW

| | ENROLLMEN | T FORM | Form No: (ABVMUUP Office) |
|---|---|-----------------------------------|---|
| COURSE NAME | BMLS (Course Code: 108 | 3)1 st Semester Exam | Batch |
| | (Bachelor In Medical La | boratory Science) | |
| Name of College: | | College Code | e |
| Student Registration No. giv (If Applicable) | ven by College: | | Photograph Not less than 3.5 cm x 4.00 cm Face Not less than 2 cm |
| ABVMUUP Enrollment No (Student ID No.) | | | No Spectacles or Glass |
| *Example :- Do NOT Prefer Mr /Mrs / M | liss | | |
| 1. Name of Candidate [First Nam | e, Middle Name, Last Name](In English | i):(In CAPITALS)* Do not w | rite Mr/Ms |
| | | | |
| 2. Father's Name: [First Name, Mid | Idle Name, Last Name](In English): (In | CAPITALS) * Do not write Mi | /Shri |
| 3. Mother's Name: [First Name, Mid | ddle Name, Last Name](In English): (In | CAPITALS) * Do not write M | |
| | | | |
| | | | |
| 4. Gender: (Male/Female/Other) |) 5. Date of Birth (DD/MM/YYYY) | 6. Date of Admiss | ion to above course (DD/MM/YYY) |
| | | | |
| 7. Category (UR/OBC/SC/ST) 8 | B. Religion | 9. Conta | act No (Mobile) |
| | | +91 | |
| 10. Email ID (Please write very | clearly in CAPITAL letters only) | | |
| | | | |
| 11. Permanent Address | | | |
| | | | |
| 11. District | 12. State | | 13. Pin Code |
| | | | |
| 14. Aadhaar No | 15. Nar | ne of Selection Board Qu | Jalifying Exam (eg CET, etc) |
| | | | |
| | | | |
| 16. Roll No of the Qualifying Examin | ation | | |
| Date (DD/MM/YYYY): | - | | (Signature of the Student) |
| Certified that the Photograph, sig | gnature and student record have | e been checked by collec | ge and is correct |
| | | | |

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

(Counter Signature of Dean-ABVMUUP) (Medical/Dental/Nursing/Paramedical)