



ATAL BIHARI VAJPAYEE MEDICAL UNIVERSITY UTTAR PRADESH, LUCKNOW

ENROLLMENT FORM

Form No:
(ABVMUUP Office)

COURSE NAME..... BMLS (Course Code: 108) 1st Semester Exam **Batch**.....
(Bachelor In Medical Laboratory Science)

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)

+91																				
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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)