

ATAL BIHARI VAJPAYEE MEDICAL UNIVERSITY UTTAR PRADESH, LUCKNOW

	ENROLLMENT FORM		ı No: ИUUP Office)
COURSE NAME BO	MM (Course Code:111) 1st Seme		ch
Name of College:	-	ollege Code	
Student Registration No. given b	y College:		Photograph Not less than 3.5 cm x 4.00
ABVMUUP Enrollment No (Student ID No.)			Face Not less than 2 cm No Spectacles or Glass
*Example :- Do NOT Prefer Mr /Mrs / Miss			
1. Name of Candidate [First Name, Midd	le Name, Last Name](In English): (In CAPITA	LS) * Do not write Mr/I	Ms
2. Father's Name: [First Name, Middle Name]	me. Last Namel(In Fnglish): (In CAPITALS) *	Do not write Mr/Shri	
3. Mother's Name: [First Name, Middle Na		Do not write Mrs/Smt	
4. Gender: (Male/Female/Other) 5. I	Date of Right (DD/MM/VVVV) 6 Dr	ate of Admission to	above course (DD/MM/YYY)
4. Gender. (Water emale/Other) 5.	Jake of Birti (BB/WW 1111)	tie of Admission to	above codise (bb/iviivi 111)
			/
7. Category (UR/OBC/SC/ST) 8. Rel	ligion	9. Contact No	(Mobile)
	<u> </u>	+91	
] [131]	
10. Email ID (Please write very clearly	n CAPTTAL letters only)		
11. Permanent Address			
11. District	12. State	10	Pin Code
11. District	12. State	13.	FIII Code
14. Aadhaar No	15. Name of Selec	tion Board Qualifyin	ig Exam (eg CET, etc)
16. Roll No of the Qualifying Examination			
Date (DD/MM/YYYY):		(S	ignature of the Student)

Certified that the Photograph, signature and student record have been checked by college and is correct



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2.	Fat	her's	 Nan	ne: [F	irst Na	ime. M	/liddle	Name.	. Last	Name	l(In E	nalish): (In	CAPI	ALS)	* Do 1	not wri	te Mr/	Shri						
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3.	Mo	ther's	s Nar	ne: [F	irst N	ame, N	Middle	Name	, Last	Name	e](In E	English	n): (In	CAPI	TALS)) * Do	not wr	ite Mr	s/Smt		1	1			
								(Is b	eing	g per	mitte	ed in	the	follo	wing	Sub	jects	<u> </u> s)							
1.	Bas	ic Co	mpu	ter &	Infor	matio	on So	cienc	es	2.En	glish	Con	nmun	icatio	n & \$	Soft S	Skill	3.Int	trodu	ction	to Q	uality	/ & Pa	atient	
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- 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 hail.
- 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		ach				•					4111	Dai	CII	••••	••••	••••	••••	•
Name of College:									Со	lleg	e Co	de						
Examination Center:																		
Examination Roll No												(Not	to be	filled	by c	andi	date	.)
ABVMUUP Enrollment No (Student ID No.)																		
Sir, It is requested to kindly allow 2024-25	me to a	ppea	ır in 1			ving :	•		of the	uni	versit	y exa	amir	natic	n fo	or ti	he y	y ear
01. Basic Computer & Information	on Scien	ices	Α	LLOV	VED/	NSU		FRES	SH	PF	1							
02. English Communication & S		ALLOWED/ NSU FRES						PF		Photograph Not less than 3.5 cm x 4.00								
O3. Introduction to Quality & Pat	Α	ALLOWED/ NSU FRES						PF		cm Face Not less than 2								
04. Medical Law & Ethics			Α	LLOV	VED/	NSU		FRES	Н	PF		1	No Sp	cm ecta	cles o	or		
05. Basic Preventive Medicine 8	& Comm	unity	Α	LLOV	VED/	NSU		FRES	SH	PF				Glass	3			
06. Environment Science			Α	LLOV	VED/	NSU		FRES	Н	PF								
*Example :- Do NOT Prefer Mr /Mrs / N 1. Name of Candidate [First Name		Name,	Last N	lame]ı	(In En	glish):	(In C	:APIT/	ALS)	* Do r	not writ	te Mr/N	M s					
2. Father's Name: [First Name, Mid	ddle Name	, Last	Name](In Er	nglish)	: (In (CAPIT	ALS)	* Do	not w	rite Mr	/Shri		1	1			
3. Mother's Name: [First Name, Mid	ddle Name	e, Last	Name	e](In E	nglish): (In	CAPIT	TALS)) * D o	not v	rite M	rs/Smt						
Date (DD/MM/YYYY):	_											(S	igna	ature	of t	he S	Stud	dent

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

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