

ATAL BIHARI VAJPAYEE MEDICAL UNIVERSITY UTTAR PRADESH, LUCKNOW

	ADMIT CARD	Serial No: (ABVMUUP Office)
COURSE NAMEBMRIT (C	Course Code:110)1 st Semeste Medical Radiology Imaging To	
Name of College: Examination Center:	Colle	ege Code
ABVMUUP Enrollment No (Student ID No.)		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)	Signature of the Student) * 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, Las	t Name](In English): (In CAPITALS) * Do	not write Mrs/Smt
(Is being 1. General Anatomy- I 2.General Physiolog Quality and Patient Safety 5. Applied Physiology	•	rmation Science 4. Introduction to
	nstructions 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 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)

COURSE NAME		·			:h		
Name of College:	achelor of Medic	ai Radiolog		echnology) bliege Code			
Examination Center:							
Examination Roll No				(Not t	to be filled by candidate)		
ABVMUUP Enrollment No (Student ID No.)							
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. General Anatomy- I	ALLC	OWED/ NSU	FRESH PF	=			
02. General Physiology-I	ALLC	ALLOWED/ NSU FRESH		Colo	red Photograph		
03. Basic in Computer & Information	ation Scien ALLC	WED/ NSU	FRESH PF	"I"" \	Not less 3.5 cm x 4.00 cm		
04. Introduction to Quality and F	Patient Safe ALLC	WED/ NSU	FRESH PF	⊣	Face Not less than 2 cm		
05. Applied Physics	<u> </u>	WED/ NSU	FRESH PF	= No	Spectacles or Glass		
06. Image Acquisition , Process	ing & Archi ALLC	WED/ NSU	FRESH PF				
*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, Mi	ddle Name, Last Name](In English): (In	CAPITALS) * Do	not write Mrs/Smt			
Date (DD/MMYYYY): (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

	ENROLLMENT FORM	Form No: (ABVMUUP Office)
COURSE NAMEBMR	RIT (Course Code:110) 1 st Semest	er Exam Batch
(Bache	lor of Medical Radiology Imagin	g Technology)
Name of College:	C	College Code
Student Registration No. given (If Applicable)	by College:	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
*Example :- Do NOT Prefer Mr /Mrs / Miss		
1. Name of Candidate [First Name, Mid	ddle Name, Last Name](In English): (In CAPIT	ALS) * Do not write Mr/Ms
2 Father's Name: [First Name, Middle Name]	ame, Last Name](In English): (In CAPITALS)	* Do not write Mr/Shri
2. Tather 3 Name. [First Name, Wildlie No.	ame, Last Name (in English). (in OAI TIALS)	Do not write without
3. Mother's Name: [First Name, Middle N	Name, Last Name](In English): (In CAPITALS)	* Do not write Mrs/Smt
4. Gender: (Male/Female/Other) 5.	Date of Birth (DD/MM/YYYY) 6. D	ate of Admission to above course (DD/MWYYY)
7. Category (UR/OBC/SC/ST) 8. R	eligion	9. Contact No (Mobile)
		+91
10. Email ID (Please write very clear	rly in CAPITAL letters only)	
11. Permanent Address		
11. District	12. State	13. Pin Code
14. Aadhaar No	15. Name of Selec	ction Board Qualifying Exam (eg CET, etc)
16. Roll No of the Qualifying Examination		
Date (DD/MMYYYY):		(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)