

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)



ATAL BIHARI VAJPAYEE MEDICAL UNIVERSITY UTTAR PRADESH, LUCKNOW

EXAMINATION FORM

Form No: (ABVMUUP Office)

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										(Bac	held	or O	f Op	otom	etry)									
Name of College:											College Code				[
Ex	am	inat	ion	Cent	ter: _			· · · · · · · · · · · · · · · · · · ·																	
Examination Roll No													e filled	lled 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)																									
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				nator	•				Ļ	ALLOWED/ NSU				FRESH		PF	PF			Colored Photograph					
02. General Physiology							L	ALLOWED/ NSU F				FRESH		PF	PF			Not less							
03. General Biochemistry							\vdash	ALLOWED/ NSU				FRESH		PF	4				than 3.5 cm x 4.00 cm Face Not less						
04. Geometrical Optics-I						\vdash	ALLOWED/ NSU					FRESH		4	than 2 cm No Spectacles or			r							
05. Nutrition						ALLO	OWE	D/ NS	U	FRESH		PF				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																									
																						_			
2.	Fat	her's	Nar	ne: [F	irst Na	ıme, N	/liddle	Name,	Last	Name](In Eı	nglish)	: (In (CAPIT	ALS)	* Do	not w	rite M	r/Shri	i					
3.	Mo	ther'	s Na	me: [I	First N	ame, N	Middle	Name	, Last	Name	e](In E	nglish): (In	CAPIT	TALS)	* Do	not w	rite N	/lrs/Sr	nt				·	
<u>Се</u>	rtifie	ed th	at th	ΥΥ): _ e <i>Ph</i> o	otogra	aph, s	signa									eckee	d by o	colle					the	Stud	dent)
The student is allowed to appear in the examination as indicated above																									

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 CAI	Serial No: (ABVMUUP Office)						
COURSE NAMEB	OTOM (Course Code: 104) 1st S (Bachelor Of Optomet		Batch					
Name of College:		College Code	e					
Examination Center:								
Examination Roll No ABVMUUP Enrollment No (Student ID No.)			Photograph Not less than 3.5 cm x 4.00 cm Face Not less than 2 cm					
(Student 15 No.)			No Spectacles or Glass					
*Example :- Do NOT Prefer Mr /Mrs / 1. Name of Candidate [First Name of Candidate First Name	Miss ne, Middle Name, Last Name](In English): (In	CAPITALS) * Do not wri	Signature of the Student)					
2. Father's Name: [First Name, N	iddle Name, Last Name](In English): (In CAF	 PITALS) * Do not write M r	r/Shri					
3. Mother's Name: [First Name N	liddle Name, Last Name](In English): (In CAI	PITALS) * Do not write M	Irs/Smt					
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A Occidentation will confirm the	Instructions to Can	didates						

- 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.