

ATAL BIHARI VAJPAYEE MEDICAL UNIVERSITY UTTAR PRADESH, LUCKNOW

				ENROLLMEN												f orm No: ABVMUUP Office)											
CC	COURSE NAME MMLS Pathology (Course											Code:) 1 st Semester Exa					am	m Batch									
Na	Name of College:										College Code						!										
		e nt F able)	Regi	stra	tion	No.	giveı	າ by	Coll	lege	:														Not l		
ABVMUUP Enrollment No (Student ID No.)																		than 3.5 cm x 4.00 cm Face Not less than 2 cm No Spectacles or Glass									
					efer Mr												· · · · · ·										
1. [Nar	ne c	or Ca	anaid	aate (F	-irst N	iame, i	/lidale	Name	e, Lasi	Nan	ne](In E	nglish	i): (In	CAPI	IALS	5) ^ L	o no	t wr	ite M	r/IVIS		\top	\dashv]
2.	Fat	her's	Na	me: [First Na	 ame, I	Middle	Name	, Last	Name] e](In	<u> </u>	: (In	CAPI7	I ΓALS)	* De	o not	write	Mr/	'Shri							i
3.	Mo	ther'	s Na	me:	[First N	lame,	Middle	Name	e, Last	Nam	e](In	English): (In	CAPI	TALS) * D	o not	writ	e Mr	s/Sn	nt						1
																							\perp	\perp			j
4.	Gei	nder	: (Ma	ale/F	emale	;/Oth	er) 5	. Da	ate of	f Birt	h (DI	D/MM/Y	YYY)		6. [Date	of A	\dmi	issi	on to	o ab	ove	cou	rse	(DD/I	MM/Y	YY)
						7			/		1/	·						/			/				Ī]	
7 /	Cate	ogor	L ID)/OBC	/CC/CT		0	Polia	ion	<u> </u>	1.				<u> </u>			<u>′ </u>	nto	ot N	o (N	lobil	0)]	
/. ·	Call	gui	y (UR	V OBC	/SC/ST	, 	0.	Relig								\neg		CC	лпа	LIN	U (IV	IODII	6)	T			
																	+91										
10.	. En	nail I	D (F	Pleas	e writ	e vei	ry clea	arly ii	n CA	PITA	L le	tters c	nly)	1		1	1			1	1		_	$\overline{}$	_		
																							\perp				
11.	Pe	rmaı	nent	Add	ress																						
11	Dis	strict								12	S	tate								13	Pir	n Co	nde				_
											. –												,ao	\top	$\overline{}$		7
																									\perp		_
14.	. Aa	dhaa	ar No)								15.	Nan	ne of	Sele	ctio	n Bo	ard	Qu	alify	ing E	Exar	n (e	g CE	T, etc	;)	
																							T				
	<u> </u>	1								<u> </u>		L			1	1		· · · ·	1								
16.	Rol	l No	of the	e Qua	alifying	Exar	minatio	n																			
Da	te (I	DD/M	MYY	YY): _																((Sigr	natu	re of	f the	e Stu	dent)

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



ATAL BIHARI VAJPAYEE MEDICAL UNIVERSITY UTTAR PRADESH, LUCKNOW

		ADMIT CA	RD	Serial No: (ABVMUUP Office)					
COURSE NAMEMN	ILS Pathology ((Course Code: (Pathology)) 1 st Semester	Exam	Batch				
Name of College:			College C	ode					
Examination Center:									
Examination Roll No				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 1. Name of Candidate [First Na		ast Name](In English): (n CAPITALS) * Do no	ot write Mr/I	Signature of the Student				
2. Father's Name: [First Name,	Middle Name Last Na	amel(In English): (In CA	PITALS) * Do not w ri	te Mr/Shri					
- ratio o rano. (morrano,	Wilder Name, East No		DO HOL WIN						
3. Mother's Name: [First Name,	Middle Name, Last N	lame](In English): (In C	APITALS) * Do not wr	ite Mrs/Sm	i				
1. General Histology 2. App Management		permitted in the fo 3 .Basic Medical La			Research Methodology				
				•	& Signature of the Principal)				
		4							

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 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 MM	LS Pathology (C	Cours	se Code:) 1 ^s	t Seme	ester	Exam	Batch	າ			
			(Patholo	gy)								
Name of College:					Co	llege	Code					
Examination Center:												
Examination Roll No						1)	Not to be fill	ed by car	ndidate)		
ABVMUUP Enrollment No (Student ID No.)												
Sir, It is requested to kindly allow	me to appear in the	e follo	wing subje	ect of the	univer	sity ex	aminati	on for the	year 20)24-25	j	
		(For	Office Us	se)								
01 . General Histology			ALLOW	ED/ NSU	FRE	SH	PF					
02. Applied Histology		ALLOW	ED/ NSU	FR	ESH	PF	Colored Photograph Not less					
03. Basic Medical Laboratory	/ Management	ALLOW	ED/ NSU	FR	ESH	PF	than 3.5 cm x 4.00 cm					
04. Research Methodology N	-		ALLOW	ED/ NSU	FR	FRESH PF			Face Not less than 2 cm No Spectacles or			
Name of Candidate [First Name Page 1 Page 2 Pa	lame, Middle Name, La	ast Nam	ne](In English	n): (In CA	PITALS)	* Do no	ot write N	Mr/Ms	Glass			
2. Father's Name: [First Name,	Middle Name, Last Na	ame](In	English): (I	n CAPITA	LS)* Do	not wr	ite Mr/Sh	ri				
3. Mother's Name: [First Name	, Middle Name, Last N	ame](Ir	n English): (In CAPITA	LS)* Do	not wr	rite Mrs/S	Smt				
									T			
Date (DD/MM/YYYY):			record ha	ve been	checke	d bv c	olleae :	(Signatu		e Stud		
The student is allowed to app						, 3	-,-,-					

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

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