

## ATAL BIHARI VAJPAYEE MEDICAL UNIVERSITY UTTAR PRADESH, LUCKNOW

	ADMIT CARD	Serial No: (ABVMUUP Office)						
COURSE NAME	MMLS (Course Code: 202) 1st Se	mester Exam	Batch					
	(Master In Medical Laborator	y Science)						
Name of College:		College Code						
Examination Center:								
Examination Roll No			Photograph Not less than 3.5 cm x 4.00 cm Face Not less than 2					
ABVMUUP Enrollment No (Student ID 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 CAI	PITALS ) * <b>Do not writ</b>	Signature of the Student)  e Mr/Ms					
2. Father's Name: [First Name, N	iddle Name, Last Name](In English): ( In CAPITAL	S) * Do not write Mr/	/Shri					
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·	(Is being permitted in the following many mes & Metabolism-2 3.Basic Medical	• • •	agement 4. Research					
Methodology Biostatistics		(\$	Seal & Signature of the Principal)					
	Instructions to Candid	dates						

- 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 NAMEMMLS (Cour	•		Batch						
(Master In	n Medical Laborato	ry Science )							
Name of College:		College Cod	le						
Examination Center:									
Examination Roll No			Not to be filled by candidate)						
ABVMUUP Enrollment No (Student ID No.)									
Sir, It is requested to kindly allow me to appear in 2024-25	n the following subje	ect of the university	examination for the year						
	(For Office Use)								
01. General Biochemistry	ALLOWED/ NSU	FRESH PF	Colored Photograph						
<b>02.</b> Enzymes & Metabolism-2	ALLOWED/ NSU	FRESH PF	Not less than 3.5 cm x 4.00 cm						
03. Basic Medical Laboratory Management	ALLOWED/ NSU	FRESH PF	Face Not less than 2 cm						
<b>04.</b> Research Methodology Biostatistics	ALLOWED/ NSU	FRESH PF	No Spectacles or Glass						
Name of Candidate [First Name, Middle Name, Last Name]	st Name](In English): ( In C	APITALS ) * <b>Do not write</b>	Mr/Ms						
2. Father's Name: [First Name, Middle Name, Last Name,	me](In English): ( In CAPIT	ALS) * Do not write Mr/S	Shri						
3. Mother's Name: [First Name, Middle Name, Last Na	ame](In English): ( In CAPIT	ALS) * Do not write Mrs	s/Smt						
Date (DD/MM/YYYY):			(Signature of the Student)						
Certified that the Photograph, signature and stur The student is allowed to appear in the examina			e and is correct						

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

							ENROLLMENT FORM											Form No: (ABVMUUP Office)										
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ABVMUUP Enrollment No (Student ID No.)																	Face Not less than 2 cm No Spectacles or Glass											
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2.	Fa	ther's	Naı	me:	[Fire	st Na	me, N	/liddle	Name	, Last	Name	](In E	inglish)	: ( In	CAPI	TALS	) * D	o no	t wri	ite Mr	/Shri							7
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Certified that the Photograph, signature and student record have been checked by college and is correct