

ATAL BIHARI VAJPAYEE MEDICAL UNIVERSITY UTTAR PRADESH, LUCKNOW

	ENROLL	MENT FORM	Form No: (ABVMUUP Office)
COURSE NAME	MMRIT (Course Code	e:205) 1 st Semester Exa	am Batch
(Ma	aster In Medical Radio	ogy & Imaging Techn	ology)
Name of College:		College (Code
Student Registration No. giv	ven by College:		Photograph Not less than 3.5 cm x 4.00 cm Face Not less than 2 cm
ABVMUUP Enrollment No (Student ID No.)			No Spectacles or Glass
*Example :- Do NOT Prefer Mr /Mrs / M	liss		
1. Name of Candidate [First Nam	e, Middle Name, Last Name](In	English): (In CAPITALS) * Do I	not write Mr/Ms
2. Father's Name: [First Name, Mid	Idla Nama Last Nama (In Englis	o): (In CARITALS) * Do not w	ita Mr/Shri
2. Father's Name, [First Name, Mid	die Name, Last Namej(in Englis	II). (III CAPITALS) DO NOT WE	ILLE MIT/Shri
3. Mother's Name: [First Name, Mid	ddle Name, Last Name](In Englis	sh): (In CAPITALS) * Do not w	rite Mrs/Smt
4. Gender: (Male/Female/Other)) 5. Date of Birth (DD/MM/	YYYY) 6. Date of Adı	mission to above course (DD/MM/YYY
Conson (mais), on also, oursel,			,
7. Category (UR/OBC/SC/ST) 8	8. Religion	9. (Contact No (Mobile)
		+91	
10. Email ID (Please write very	clearly in CAPITAL letters	only)	
11. Permanent Address			
11. District	12. State		13. Pin Code
			_
14. Aadhaar No	15	Name of Salastian Book	ed Qualifying Evam (as CET ata)
14. Addridat No	15.	Name of Selection Boar	rd Qualifying Exam (eg CET, etc)
16. Roll No of the Qualifying Examin	ation		
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)

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



ATAL BIHARI VAJPAYEE MEDICAL UNIVERSITY UTTAR PRADESH, LUCKNOW

	ADMIT CAR	Serial No: (ABVMUUP Office)						
COURSE NAME	MMRIT (Course Code: 205) 1st	Semester Exam	Batch					
	Master In Medical Radiology & In	naging Technolog	ıy)					
Name of College:		College Code	•					
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 Name of Candidate First Name of	s / Miss ame, Middle Name, Last Name](In English): (In 0	CAPITALS) * Do not wri	Signature of the Student)					
2. Father's Name: [First Name,	Middle Name, Last Name](In English): (In CAPI	TALS) * Do not write Mi	/Shri					
	Middle Name, Last Name](In English): (In CAP							
	(Is being permitted in the follo of a Radiology & Imaging Department ng 4. Research Methodology and Bios	Modern Imaging statistics-I	Techniques 3. Advanced Seal & Signature of the Principal)					
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	MMRIT (Course 0	Code: 205) 1 st Ser	mester Exam Bat	ch					
(Master In Medical Radiology & Imaging Technology)									
Name of College:			College Code						
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 the following subject of the university examination for the year 2024-25									
	(For	Office Use)							
01. Planning & Management of a F02. Modern Imaging Techniques	ALLOWED/ NSU ALLOWED/ NSU	FRESH PF	Colored Photograph Not less						
03. Advanced Physics of Radiolog	ALLOWED/ NSU	than 3.5 cm x 4.00 cr Face Not less							
 Research Methodology and Bir Name of Candidate [First Name 		ALLOWED/ NSU	FRESH PF ALS)* Do not write Mr/M	than 2 cm No Spectacles or Glass					
2. Father's Name: [First Name, Mi									
3. Mother's Name: [First Name, M	ddle Name, Last Name](In	English): (In CAPITALS) * Do not write Mrs/Smt						
Date (DD/MWYYYY): (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.									

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

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