

ATAL BIHARI VAJPAYEE MEDICAL UNIVERSITY UTTAR PRADESH, LUCKNOW

	ENROLLMENT FOR	Form No: (ABVMUUP Office)
COURSE NAMEM.	.O.T (Course Code: 207) 1st Sem	nester Exam Batch
	(Master of Occupational The	rapy)
Name of College:		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 CAPI	TALS) * Do not write Mr/Ms
2. Father's Name: [First Name, Middle N	lame Last Namel(In English): (In CAPITALS) * Do not write Mr/Shri
2. Tather 5 Name. [First Name, Wildele N	iane, East Namej(iii English). (iii OAl TIAEO	
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. I	Date of Admission to above course (DD/MWYYY
7. Category (UR/OBC/SC/ST) 8. R	Religion	9. Contact No (Mobile)
		+91
10. Email ID (Please write very clear	rlv in CAPITAL letters onlv)	
11. Permanent Address		
11. District	12. State	13. Pin Code
14. Aadhaar No	15. Name of Sele	ection Board Qualifying Exam (eg CET, etc)
16. Roll No of the Qualifying Examination	n	
Date (DD/MM/YYYY):		(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 CA	RD	Serial No: (ABVMUUP Office)
COURSE NAME	M.O.T (Course Code: 207) 1s	Semester Exam	Batch
	(Master of Occupation	al Therapy)	
Name of College:		College Code	e
Examination Center:			
Examination Roll No			Photograph Not less than 3.5 cm x 4.00
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	/ Miss me, Middle Name, Last Name](In English): (I	n CAPITALS) * Do not wr i	Signature of the Student) ite Mr/Ms
2. Father's Name: [First Name, I		PITALS) * Do not write M i	r/Shri
3. Mother's Name: [First Name,	Viiddle Name, Last Name](In English): (In CA	PITALS) * Do not write N	Irs/Smt
0,	(Is being permitted in the foll Biostatistics (Theory) 2. Theoretic therapy in Physical Dysfunction (The	al Basic of Occupatio ory)	
	Instructions to Ca	··	Seal & Signature of the Principal)

- 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)

	•	Occupational The	nester Exam Bat rapy)	
Name of College:			College Code	
xamination Center:				
camination Roll No	nation Roll No		(Not	to be filled by candidate)
BVMUUP Enrollment No Student ID No.)				
r, s requested to kindly allow m	ne to appear in the follo	wing subject of the ur	niversity examination	for the year 2024-25
	(For	Office Use)		
Research Methodology and F	Riostatistics (Theory)	ALLOWED/ NSU	FRESH PF	
Research Methodology and Biostatistics (Theory) Theoretical Basic of Occupational Therapy (Theory)		ALLOWED/ NSU FRESH PF		Colored Photograph Not less
3. Advances in Occupational Therapy in Physical Dysfu ALLOWED/ NSU		ALLOWED/ NSU	FRESH PF	than 3.5 cm x 4.00 cm Face Not less
				than 2 cm No Spectacles or Glass
Name of Candidate [First Name	me, Middle Name, Last Nan	ne](In English): (In CAPITA	ALS) * Do not write Mr/N	<i>l</i> ls
Father's Name: (First Name A	/liddle Name, Last Name](In	n English): (In CAPITALS)	* Do not write Mr/Shri	
i atiloi s i vaine. [i iistivalle, iv				
Tation 5 rame. [Histinalile, N				
	Viiddle Name, Last Name](II	n English): (In CAPITALS) * Do not write Mrs/Smt	:
Mother's Name: [First Name, N	Middle Name, Last Name](II	n English): (In CAPITALS) * Do not write Mrs/Smt	

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

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