



# ATAL BIHARI VAJPAYEE MEDICAL UNIVERSITY UTTAR PRADESH, LUCKNOW

## EXAMINATION FORM

Form No:  
(ABVMUUP Office)

**EXAMINATION OF ..... BOTOM (Course Code: 104) 5<sup>st</sup> Semester Exam Batch 2021-22**  
**(Bachelor Of Optometry)**

Name of College: \_\_\_\_\_

College Code

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Examination Center: \_\_\_\_\_

Examination Roll No

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(Not to be filled by candidate)

ABVMUUP Enrollment No

(Student ID No.)

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Sir,

It is requested to kindly allow me to appear in the following subject of the university examination for the year 2021-22

(For Office Use)

01. Contact Lens-I

ALLOWED/ NSU	FRESH	PF
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02. Low Vision Care

ALLOWED/ NSU	FRESH	PF
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03. Geriatric Optometry & Pediatric Optom

ALLOWED/ NSU	FRESH	PF
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04. Binocular Vision-I

ALLOWED/ NSU	FRESH	PF
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05. Systemic Disease

ALLOWED/ NSU	FRESH	PF
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06. Research Methodology & Biostatistics

ALLOWED/ NSU	FRESH	PF
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Colored Photograph  
Not less  
than 3.5 cm x 4.00 cm  
Face Not less  
than 2 cm  
No Spectacles or  
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

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2. Father's Name: [First Name, Middle Name, Last Name](In English): ( In CAPITALS ) \* Do not write Mr/Shri

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3. Mother's Name: [First Name, Middle Name, Last Name](In English): ( In CAPITALS ) \* Do not write Mrs/Smt

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Date (DD/MM/YYYY): \_\_\_\_\_

(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)**

