

ATAL BIHARI VAJPAYEE MEDICAL UNIVERSITY UTTAR PRADESH, LUCKNOW

		(ABVMUUP Office)					
	Supple	,					
COURSE NAMEM.Opto	m (Course Code: 204) 1 st Semester Exam	Batch					
(Master of Optometry)							
Name of College:	College Code						
Examination Center:	-						
Examination Roll No		Photograph Not less than 3.5 cm x 4.00					
ABVMUUP Enrollment No		cm Face Not less than 2					
(Student ID No)		cm No Spectacles or					
		Glass					
		Signature of the Studen					
*Example :- Do NOT Prefer Mr /Mrs / Miss		•					
Name of Candidate [First Name, Middle Name]	ne, Last Name](In English): (In CAPITALS)* Do not write	e Mr/Ms					
2. Father's Name: [First Name, Middle Name, La	ast Name](In English): (In CAPITALS) * Do not write Mr/	Shri					
3. Mother's Name: [First Name, Middle Name, L	ast Name](In English): (In CAPITALS) * Do not write Mr s	s/Smt					
(Is bei	ng permitted in the following Subjects)						
1. Epidemiology & Community Eye Care	2. Research Methodology & Biostatistics 3. 0	Ocular Diseases and					
Diagnostics-I							
	(S	eal & 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.



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EXAMINATION FORM

Form No: (ABVMUUP Office)

Supple

COURSE NAME	M.Optom (Cour	se Code: 204) 1st S	emester Exam Ba	atch
	(Mas	ster of Optometry)		
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 allo 2023-24		e following subject o	f the university exa	amination for the year
04 Enidemiales: 8 Commun	ity Evo Core	ALLOWED/ NSU	FRESH PF	
01. Epidemiology & Community Eye Care 02. Research Methodology & Biostatistics		ALLOWED/ NSU		
03. Ocular Diseases and Diag	nostics-l	ALLOWED/ NSU	FRESH PF	Not less than 3.5 cm x 4.00 cm Face Not less than 2 cm No Spectacles or Glass
Name of Candidate [First N	lame, Middle Name, Last Nar	ne](In English): (In CAPIT/	ALS)* Do not write Mr/M	Иs
2. Father's Name: [First Name,	, Middle Name, Last Name](Ir	n English): (In CAPITALS)	* Do not write Mr/Shri	
3. Mother's Name: [First Name	e, Middle Name, Last Name](I	n English): (In CAPITALS) * Do not write Mrs/Smt	ı
Date (DD/MM/YYYY): Certified that the Photograph	· · · · · ·	record have been che		Signature of the Student)