

ATAL BIHARI VAJPAYEE MEDICAL UNIVERSITY UTTAR PRADESH, LUCKNOW

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ADI	VIII			,

Serial No: (ABVMUUP Office)

	Supple											
COURSE NAMEMMLS	Hematology & Blood Banking (Cour	se Code:) 1 st Semester Exa	m Batch									
(Hematology and Blood Banking)												
Name of College:		College Code										
Examination Center:												
Examination Roll No ABVMUUP Enrollment No (Student ID No)			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 / Mis 1. Name of Candidate [First Name,		In CAPITALS) * Do not write Mr/Ms	Signature of the Student)									
2. Father's Name: [First Name, Middle	le Name, Last Name](In English): (In CA	APITALS) * Do not write Mr/Shri										
3. Mother's Name: [First Name, Middle of Haematology]	(Is being permitted in the fo	llowing Subjects)	ment 4. Research									
Methodology & Biostatistics												
(Seal & Signature of the Principal)												
	Instructions to Ca	ındidates										

- 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 include 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)

Supple

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						(H	ema	tolog	gy an	d Bl	ood I	Bank	ing)										
Nam	e of Col	lege:											Со	llege	e Co	de							
Exan	nination	Cent	er:																				
Examination Roll No																	Not to be filled by candidate)						
ABVMUUP Enrollment No (Student ID No.)																							
Sir, It is re	equested	to kindl	ly allow	me to a	appea	ar in t	he fo	llowi	ing sı	ubjed	t of th	ne un	ivers	ity ex	amin	atior	n for t	he ye	ear 20	023-2	4		
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1. Na	ame of Ca	andidat	e [First l	Name, Mi	ddle N	lame,	Last N	Name]	l(In En	nglish)	: (In C	:APIT/	ALS);	* Do n	ot writ	te Mr/	/Ms		lass				
2. Fa	ather's Na	ıme: [Fi	rst Name	e, Middle	Name	. Last	Name	e](In E	nglish): (In	CAPIT	ALS)	* Do :	not wr	ite Mr.	/Shri							
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3. Mo	other's Na	ame: [F	irst Nam	e, Middle	Name	e, Last	Nam	e](In E	nglish	n): (In	CAPI	TALS) * Do	not w	rite M	rs/Sm	nt	1		1	1		
Date	(DD/MM/Y)	/YY):														(Signa	ature	of th	e Stu	dent)		
Certif	fied that t	he Pho	tograpl	h, signa	ture	and :	stude	ent re	cord	have	e bee	n ch	ecked	d by d	colleg	e ar	nd is	corre	<u>ct</u>				
The s	student is	allowe	d to ap	pear in	the e	exam	inatio	on as	indi	cated	d abo	ve.											

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

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