

## ATAL BIHARI VAJPAYEE MEDICAL UNIVERSITY UTTAR PRADESH, LUCKNOW

## **EXAMINATION FORM**

Form No: (ABVMUUP Office)

EXAMINATION	N OF	 (Bac		-												2023	-24		
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Examination C	Center:																		
Examination Ro								(1			(No	Not to be filled by candidate)							
ABVMUUP Enrollment No (Student ID No.)																			
Sir, t is requested t 2023-24	o kindly a	allow r	ne to	appe		the fo			_	ect o	f the	univ	/ersi	ty ex	amir	natio	n for	the	year ]
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1. Neurology											FRESH PF				Colored Photograph Not less than 3.5 cm x 4.00 cm				
02. Otolaryngolog		la av									FRESH PF								
<ul><li>03. Speech Language Pathology</li><li>04. Audiology</li></ul>									FRESH PF FRESH PF				Face Not less than 2 cm						
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2. Father's Nam	e: [First Na	me, Mido	dle Nam	ne, Las	st Name	e](In Eı	nglish)	): ( In (	CAPITA	ALS)	* Do r	not wi	ite M	/Shri					
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3. Mother's Nam	ne: [First Na	me, Mid	ldle Nar	ne, La	st Nam	e](In E	nglish	): ( In	CAPIT	ALS)	* Do	not w	rite M	rs/Sn	nt	1	1	I	
Date (DD/MM/YYY)  Certified that the				e ano	l stude	ent re	cord	have	e beer	n che	ecker	d by a	collec		_	ature		e Stu	dent
The student is al	_	-									-onoc	. ~y (	, on o	, o ar	10	20110	<u> </u>		

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 CARD	Serial No: (ABVMUUP Office)
COURSE NAME	.BASLP (Course Code:103) 2st Semeste	er Exam Batch
(Ва	ichelor In Audiology & Speech Langua	ige Pathology)
Name of College:	Co	ollege Code
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 /		S ) * Do not write Mr/Ms
Name of Candidate [First Name of Candidate   First Name of Candid	ne, Middle Name, Last Name](In English): ( In CAPITALS	S ) * Do not write Mr/Ms
Lather's Name: [First Name, Minimum]	iddle Name, Last Name](In English): ( In CAPITALS ) * [	Oo not write Mr/Shri
Mother's Name: [First Name, N	liddle Name, Last Name](In English): ( In CAPITALS ) *	Do not write Mrs/Smt
	(Is being permitted in the following S	uhiacts)
1. Neurology 2.Otolaryngolog	, , ,	• ,
		(Seal & Signature of the Principal
	Instructions to Candidate	s

- 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.