



ATAL BIHARI VAJPAYEE MEDICAL UNIVERSITY UTTAR PRADESH, LUCKNOW

EXAMINATION FORM Supple

Form No:
(ABVMUUP Office)

EXAMINATION OF **BOTOM** (Course Code: 104) 3rd Semester Exam **Batch**

(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 2022-23

(For Office Use)

01. Ocular Microbiology

ALLOWED/ NSU	FRESH	PF
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02. Visual optics-I

ALLOWED/ NSU	FRESH	PF
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03. Optometric Optics-I

ALLOWED/ NSU	FRESH	PF
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04. Optometric Instruments

ALLOWED/ NSU	FRESH	PF
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05. Ocular Disease –I

06. Clinical examination of Visual System

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)