ATAL BIHARI VAJPAYEE MEDICAL UNIVERSITY UTTAR PRADESH, LUCKNOW

ADMIT CARD

Serial No:
(ABVMUUP Office)

COURSE NAME……..…B.D.S. (Course Code: 050) 1YEAR OF ADMISSION **Batch**…….

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

Signature of the Student)

***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**

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

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

(Is being permitted in the following Subjects)

1. General Anatomy including Embryology and Histology 2 General Human Physiology and Biochemistry 3. Dental Anatomy, Embryology and oral Histology

(Seal & Signature of the Principal)

Instructions to Candidates

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.

ATAL BIHARI VAJPAYEE MEDICAL UNIVERSITY UTTAR PRADESH, LUCKNOW

EXAMINATION FORM

Form No:
(ABVMUUP Office)

COURSE NAME……..… B.D.S. (Course Code: 050) 1YEAR OF ADMISSION **Batch……**

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 allow me to appear in the following subject of the university examination for the year 2022-23

(For Office Use)

01. General Anatomy including Embryology and Histology	**ALLOWED/ NSU**	**FRESH**	**PF**
02. General Human Physiology and Biochemistry	**ALLOWED/ NSU**	**FRESH**	**PF**
03. Dental Anatomy, Embryology and oral Histology	**ALLOWED/ NSU**	**FRESH**	**PF**

Colored Photograph
Not less
than 3.5 cm x 4.00 cm
Face Not less
than 2 cm
No Spectacles or
Glass

1. Name of Candidate [First Name, Middle Name, Last Name](In English): (In CAPITALS) * **Do not write Mr/Ms**

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

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

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)

ATAL BIHARI VAJPAYEE MEDICAL UNIVERSITY UTTAR PRADESH, LUCKNOW

ENROLLMENT FORM

Form No:
(ABVMUUP Office)

COURSE NAME……..… B.D.S. (Course Code: 050) 1 YEAR OF ADMISSION **Batch……..**

Name of College: **College Code**

Student Registration No. given by College: _____
(If Applicable)

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 / Miss**

1. **Name of Candidate** [First Name, Middle Name, Last Name](In English): (In CAPITALS) * **Do not write Mr/Ms**
2. Father's Name: [First Name, Middle Name, Last Name](In English): (In CAPITALS) * **Do not write Mr/Shri**
3. Mother's Name: [First Name, Middle Name, Last Name](In English): (In CAPITALS) * **Do not write Mrs/Smt**

4. Gender: (Male/Female/Other) 5. Date of Birth (DD/MM/YYYY) 6. Date of Admission to above course (DD/MM/YYY)

7. Category (UR/OBC/SC/ST) 8. Religion 9. Contact No (Mobile) +91

10. Email ID (Please write very clearly in CAPITAL letters only)

11. Permanent Address

_____

11. District _____ 12. State _____ 13. Pin Code

14. Aadhaar No 15. Name of Selection Board Qualifying Exam (eg CET, etc)

16. Roll No of the Qualifying Examination

Date (DD/MM/YYYY): _____ **(Signature of the Student)**

Certified that the Photograph, signature and student record have been checked by college and is correct

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

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