

ATAL BIHARI VAJPAYEE MEDICAL UNIVERSITY UTTAR PRADESH, LUCKNOW

	ADMIT CARD	Serial No: (ABVMUUP Office)
COURSE NAMEM.Optom	(Course Code:) 2 nd Semester Exam	Batch
	(Master Of Optometry)	
Name of College:	College Co	ode
Examination Center:		_
Examination Roll No ABVMUUP Enrollment No		Photograph Not less than 3.5 cm x 4.00 cm Face Not less than 2
(Student ID No.)		No Spectacles or
*Example :- Do NOT Prefer Mr /Mrs / Miss		Glass Signature of the Student)
Example :- Do NOT Prefer Mr /Mrs / Miss	Name, Last Name](In English): (In CAPITALS) Do not	Signature of the Student)
*Example :- Do NOT Prefer Mr /Mrs / Miss	Name, Last Name](In English): (In CAPITALS) * Do not	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 e, Last Name](In English): (In CAPITALS) * Do not write	Signature of the Student) write Mr/Ms
*Example :- Do NOT Prefer Mr /Mrs / Miss 1. Name of Candidate [First Name, Middle 2. Father's Name: [First Name, Middle Name]		Signature of the Student) write Mr/Ms a Mr/Shri

Instructions to Candidates

(Seal & 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 hall.
- 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.
- 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)

EXAMINATION OF M.O	•	,	nester E	Exam	Ba	tch 2023-2	24	
	(Master 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 allow n 2023-24	ne to appear in the	following sub	oject of	the univ	ersity ex	amination	for the yea	
	(For	Office Use)						
01 Ocular Disease and Diagnos	etice -II	ALLOWED/ N	SU	FRESH	PF			
01. Ocular Disease and Diagnostics -II 02. Advanced Contact lens I Pediatric Optometry & ALLOWED/ N				FRESH	SH PF Colored Photograph Not less			
	ALLOWED/ N	SU	FRESH	PF	than 3.5 cm x 4.00 cm Face Not less than 2 cm No Spectacles or			
 Low Vision and Geriatric Opt Research Project 	ALLOED/ NS	SU	FRESH	PF				
Example :- Do NOT Prefer Mr /Mrs / Mis								
1. Name of Candidate [First Name,	Middle Name, Last Nam	ne](In English): (In	CAPITAL	_S) * Do n	ot write Mr/I	Ms		
2. Father's Name: [First Name, Midd	dle Name, Last Name](In	English): (In CAP	ITALS)*	Do not wr	ite Mr/Shri	, ,		
3. Mother's Name: [First Name, Mide	dle Name, Last Name](Ir	n English): (In CAF	PITALS)	* Do not w	rite Mrs/Sm	t		
Date (DD/MM/YYYY):					(\$	Signature of	the Studer	

<u>Certified that the Photograph, signature and student record have been checked by college and is correct</u> <u>The student is allowed to appear in the examination as indicated above.</u>