

ATAL BIHARI VAJPAYEE MEDICAL UNIVERSITY UTTAR PRADESH, LUCKNOW

ENROLLMENT FORM

Form No: (ABVMUUP Office)

COURSE NAME MBBS (Course Code:300) 1st YEAR OF EXAMINATION Batch 2023-2024					
Name of College:	College Code				
Student Registration No. given by College:(If Applicable)	Photograph Not less than 3.5 cm x 4.00 cm				
ABVMUUP Enrollment No (Student ID No.)	No Spectacles or Glass				
*Example :- Do NOT Prefer Mr /Mrs / Miss					
1. Name of Candidate [First Name, Middle Name, Last Name](In Engl	ish): (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/YY	YY) 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 on	(y)				
	<i>,</i>				
11. Permanent Address					
11. Fermanent Address					
11. District 12. State	13. Pin Code				
14. Aadhaar No 15.	Name of Calastics David Ovalifying France (CCF)				
14. Aadnaar No 15.	Name of Selection Board Qualifying Exam (eg CET, etc)				
ACRINI CALO PER EL C					
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



ATAL BIHARI VAJPAYEE MEDICAL UNIVERSITY UTTAR PRADESH, LUCKNOW

ADMIT CARD			Serial No: (ABVMUUP Office)		
COURSE NAME	MBBS (Course Code:300)1st YEAR OF	EXAMINATION	Batch 2023-2024		
Name of College:		College Code			
Examination Center:					
Examination Roll No ABVMUUP Enrollment No			Photograph Not less than 3.5 cm x 4.00 cm Face Not less than 2 cm		
(Student ID No)			Glass (Signature of the Student)		
*Example :- Do NOT Prefer Mr /Mrs / M	fiss				
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, Midd	le Name, Last Name](In English): (In CAPITALS) * Do n	oot write Mr/Shri			
3. Mother's Name: [First Name, Mid	dle Name, Last Name](In English): (In CAPITALS) * Do	not write Mrs/Smt			
1. Anatomy -I 2. Anatomy-II	(Is being permitted in the following 3. Physiology-I 4. Physiology-II 5. Biochen	•	stry- II		
		(Seal	& Signature of the Principal		

Instructions to Candidates

- Candidates will be allowed to enter the examination hall on production of Admit Card.
- 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.
- Candidates shall sign the attendance sheet when directed by invigilator(s).
- 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.
- 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.
- 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.



ATAL BIHARI VAJPAYEE MEDICAL UNIVERSITY UTTAR PRADESH, LUCKNOW

EXAMINATION FORM

Form No: (ABVMUUP Office)

COURSE NAME	MBBS (Course Cod	le:300) 1 st YEAR OF	EXAMINATION	Batch 2023-2024			
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 2023-24 (For Office Use)							
01. Anatomy -I		ALLOWED/ NSU	FRESH PF				
02. Anatomy-II	[ALLOWED/ NSU		Colored Photograph Not less			
03. Physiology-I	ı	ALLOWED/ NSU	FRESH PF	than 3.5 cm x 4.00 cm Face Not less			
04. Physiology-II		ALLOWED/ NSU	FRESH FF	than 2 cm No Spectacles or			
05. Biochemistry- I		ALLOWED/ NSU	FRESH	Glass			
 Biochemistry-II Name of Candidate [First Name, Name] 	/Iiddle Name, Last Name](In	English): (In CAPITALS) *	Do not write Mr/Ms				
2. Father's Name: [First Name, Middl	e Name, Last Name](In Engl	lish): (In CAPITALS) * Do 1	not write Mr/Shri				
3. Mother's Name: [First Name, Midd	ile Name, Last Name](In En	glish): (In CAPITALS) * Do	not write Mrs/Smt	, , , , , , , , , , , , , , , , , , , ,			
Date (DD/MM/YYYY):	ature and student reco		_	e of the Student)			