

ATAL BIHARI VAJPAYEE MEDICAL UNIVERSITY UTTAR PRADESH, LUCKNOW

		ENROLLI		Form No: (ABVMUUP Office)					
COURSE NAME	MD (Course	e Code:)	Batc	Batch 2021-2022					
	(MD In Der	matology ,\	/enereolo	gy and L	_eprosy)				
Name of College:				Colle					
Student Registration No (If Applicable)	o. given by Co	llege:					Photograph Not less than 3.5 cm x 4.00		
ABVMUUP Enrollment No (Student ID No.)	,						cm Face Not less than 2 cm No Spectacles or		
					Glass				
*Example :- Do NOT Prefer Mr /M	rs / Miss								
1. Name of Candidate [First	Name, Middle Nam	ne, Last Name](In	English): (In	CAPITALS)	* Do not write	e Mr/Ms			
2. Father's Name: [First Name	e, Middle Name, Las	t Name](In Englis	sh): (In CAPI	ΓALS) * Do	not write Mr/S	hri			
3. Mother's Name: [First Name	e, Middle Name, Las	st Name](In Engli	sh): (In CAPI	TALS)* Do	not write Mrs/	'Smt			
4. Gender: (Male/Female/O	ther) 5. Date o	of Birth (DD/MM	I/YYYY)	6. Date	of Admissio	n to abo	ve course (DD/MM/YY		
					/				
7. Category (UR/OBC/SC/ST)	8. Religion				9. Contac	et No (Mc	hila)		
7. Category (UR/OBC/3C/31)	0. Keligion				1 1	I II I			
					-91				
10. Email ID (Please write v	ery clearly in CA	APITAL letters	only)						
44 Decreased Allers									
11. Permanent Address									
11. District		12. State				13. Pin	Code		
14. Aadhaar No		15	Name of	Selection	Board Qua	alifying F	xam (eg CET, etc)		
Ti. Addition Title			. Hamo o		Dodina Qui	,yg =			
16. Roll No of the Qualifying Ex	amination								
Date (DD/MM/YYYY):						(Signa	ature 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

	AD	MIT CARD	Serial No: (ABVMUUP Office)
COURSE NAME	MD (Course Code:) Regular Exam	Batch 2021-2022
	(MD In Dermatology	,Venereology and Lep	rosy)
Name of College:		College (Code
Examination Center:			
Examination Roll No			Photograph Not less than 3.5 cm x 4.00
ABVMUUP Enrollment No (Student ID No.)			cm Face Not less than 2 cm No Spectacles or Glass
*Example :- Do NOT Prefer I 1. Name of Candidate [First	Mr /Mrs / Miss Name, Middle Name, Last Name	e](In English): (In CAPITALS	Signature of the Student) * Do not write Mr/Ms
2 Father's Name: [First Nam	e, Middle Name, Last Name](In	English): (In CAPITALS) * F	o not write Mr/Shri
2. Tather 3 Name: [First Nam	e, Middle Name, Last Namej(iii	English). (In OAI TIALO)	
3. Mother's Name: [First Name	ne, Middle Name, Last Name](In	English): (In CAPITALS) * I	Do not write Mrs/Smt
• •	Dermatology , STDs and Lepro		Paper-II 3. STD & Leprosy Paper-III rnal medicine and skin Paper-IV (Seal & Signature of the Principal
	Instruction	ons to Candidates	

- 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)

EXAMINATION OF MD (Cou									rse Code:) Regular Exam atology ,Venereology and Lepro							Batch 2021-2022								
Name of College:									,,	College (
Examination Center: Examination Roll No												(Not to be filled by candi							ndida	te)				
ABVMUUP Enrollment No (Student ID No.)																								
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										(For (Office	e USe	∌)						Γ				
01. Basic Science as applied to Dermatology , STDs and Lep										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			raph			
02. Dermatology Paper-II03. STD & Leprosy Paper-III04. Recent advances in field of Dermatology, Applied Science								ALLOWED/ NSU					FRESH PF											
*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.	Fatl	her's	Nar	me: [F	rirst Na	ame, N	/liddle	Name	, Last	Name	e](In Ei	nglish)): (ln (CAPIT	ALS)	* Do 1	not w	rite M	r/Shri					
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2	Mot	hor'	c No	me: [Circt N	ama I	Middla	Nome		Nom	o1 /lo l	ام مانما	a). / In	CADI	TALC	\ * Do		wite N	Aro /C				ı	
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Da	te ([DD/MI	M/YY	YY): _															(Si	gnatı	ure of	the S	Stude	ent)
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				allowe	-	•	-																	

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

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