



ATAL BIHARI VAJPAYEE MEDICAL UNIVERSITY UTTAR PRADESH, LUCKNOW

EXAMINATION FORM

Form No:
(ABVMUUP Office)

EXAMINATION OF MD (Course Code:) Regular Exam
(MD Emergency Medicine)

Batch 2021-2022

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 2021-22

(For Office Use)

- 01. Paper-I.
- 02. Paper-II
- 03. Paper-III
- 04. Paper-IV

ALLOWED/ NSU	FRESH	PF
ALLOWED/ NSU	FRESH	PF
ALLOWED/ NSU	FRESH	PF
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

*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)



ATAL BIHARI VAJPAYEE MEDICAL UNIVERSITY UTTAR PRADESH, LUCKNOW

ENROLLMENT FORM

Form No:
(ABVMUUP Office)

**COURSE NAME..... MD (Course Code:) Regular Exam
(MD Emergency Medicine)**

Batch 2021-2022

Name of College:

College Code

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Student Registration No. given by College: _____

(If Applicable)

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

ABVMUUP Enrollment No
(Student ID No.)

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

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7. Category (UR/OBC/SC/ST)

8. Religion

9. Contact No (Mobile)

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

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11. Permanent Address

11. District

12. State

13. Pin Code

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14. Aadhaar No

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15. Name of Selection Board Qualifying Exam (eg CET, etc)

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16. Roll No of the Qualifying Examination

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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

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

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

