

ATAL BIHARI VAJPAYEE MEDICAL UNIVERSITY UTTAR PRADESH, LUCKNOW

	ENROLLIN	IENI FORIVI	(ABVMUUP Office)
COURSE NAME	•) Regular Exam aediatrics)	Batch 2021-2022
Name of College:	(IMID III) F	College	Code
Student Registration No. give If Applicable)	n by College:		Photograph Not less than 3.5 cm x 4.00
ABVMUUP Enrollment No (Student ID No.)			Face Not less than 2 cm No Spectacles or Glass
Example :- Do NOT Prefer Mr /Mrs / Miss Name of Candidate [First Name, I		inglish): (In CAPITALS) * Do	not write Mr/Ms
2. Father's Name: [First Name, Middle	Name, Last Name](In English): (In CAPITALS) * Do not w	rite Mr/Shri
. Mother's Name: [First Name, Middle	e Name, Last Name](In English	n): (In CAPITALS) * Do not v	vrite Mrs/Smt
4. Gender: (Male/Female/Other) 5	5. Date of Birth (DD/MM/Y	(YYY) 6. Date of A	dmission to above course (DD/MM/YY
7. Category (UR/OBC/SC/ST) 8.	Religion	9.	Contact No (Mobile)
		+91	
10. Email ID (Please write very cle	early in CAPITAL letters of	only)	
11. Permanent Address			
11. District	12. State		13. Pin Code
			_
14. Aadhaar No	15	Name of Selection Box	ard Qualifying Exam (eg CET, etc)
14. Addiddi 110	, j.,	Traine of defection Box	Tru Qualifying Exam (eg CE1, etc)
16. Roll No of the Qualifying Examinati	ion		
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

	ADM	Serial No: (ABVMUUP Office) Batch 2021-2022									
COURSE NAME	MD (Course Code: (MD In F										
Name of College:		ode									
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								
*Example :- Do NOT Prefer Mr /N	Mrs / Miss		Signature of the Studer								
1. Name of Candidate [First Name	e, Middle Name, Last Name] (In English): (In CAPITALS)	* Do not write Mr/Ms								
2. Father's Name: [First Name, M	iddle Name I ast Namel In Fn		not write Mr/Shri								
22. Facility of Name: [First Name, IV	ladio Namo, East Namo, in Em	glion): (in on in the both									
3. Mother's Name: [First Name, M	liddle Name, Last Name] (In E	nglish): (In CAPITALS) * D	o not write Mrs/Smt								
Basic Sciences as related to the Recent Advances Paper-IV		n the following Subjects) I Paediatrics Paper-II 3. 3	Systemic Paediatrics Paper-III								
			(Seal & Signature of the Principa								
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 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.
- 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 (Course Code:) Regular Exam Batch 20: (MD In Paediatrics)													21-20	022											
Na	me	of	Coll	ege:												Со	llege	e Co	de	Γ					Τ
Ex	am	inat	ion	Cen	ter: _																				
Examination Roll No																	(No	t to be	be filled by candidate)						
ABVMUUP Enrollment No (Student ID No.)																									
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01.	01. Basic Sciences as related to the subject Paper-I									ALLOWED/ NSU					FRESH PF			Colored Photograph							
02. General Paediatrics Paper-II								7	ALLOWED/ NSU				FRESH PI			í l	Not less than 3.5 cm x 4.00 cm Face Not less than 2 cm								
03. Systemic Paediatrics Paper-III									ALLOWED/ NSU				FRESH PF			1					"				
04. Recent Advances Paper-IV							ALLOWED/ NSU			-	FRESH PF			1	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.	Fat	her's	Nar	ne: [F	rirst Na	ame, M	1iddle	Name	, Last	Name	e](In E	nglish)	: (In (CAPIT	ALS)	* Do ı	not wr	ite Mı	/Shri						
3.	Mot	ther'	s Na	me: [First N	ame. I	Middle	Name	e. Last	Nam	el (In I	=nalisl	n): (In	CAPI	TALS) * Do	not w	vrite N	Irs /S	mt			1		
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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																								
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Name of the Principal
(Seal & Signature of the Principal)

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