

ATAL BIHARI VAJPAYEE MEDICAL UNIVERSITY UTTAR PRADESH, LUCKNOW

EXAMINATION FORM

Form No: (ABVMUUP Office)

EX	AMINATION OF	M D (Co		, ,	xam	Bat	ch 2021-2022
			(MD In Pl	nychiatry)			
Nar	ne of College:				College C	ode	
Exa	mination Center:						
Exa	mination Roll No					(Not to	be filled by candidate)
	/MUUP Enrollment No udent ID No.)						
	requested to kindly allov 1-22	w me to appea		ving subject of ice Use)	the univer	sity exar	nination for the year
01. 02.	Basic Sciences as related to Clinical Psychiatry Paper-II	Psychiatry Pape		ALLOWED/ NSU ALLOWED/ NSU	FRESH	PF	Colored Photograph
03.	Psychiatric Specialties Pape Recent Advances Paper-IV	r-111		ALLOWED/ NSU	FRESH		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

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

											1
											1
											1

Date (DD/MM/YYYY): _____

(Signature of the Student)

<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>

> 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

		ENR	OLL	NEN.	r Fo	ORI	Μ				Form (ABVM	No: IUUP (Office)		
COURSE NAME	M D	(Course	Code:) F	Regu	ılar I	Exar	n		В	atch	202	1-20	22	
		(N	ID In P	hychi	atry)									
Name of College:						C	Colle	ge (Code	Э					
Student Registration No. giv (If Applicable)	ven by (College:												oh Not	
ABVMUUP Enrollment No (Student ID No.)												Fac	e Not	m less th	nan 2
, , , , , , , , , , , , , , , , , , ,												No	o Spec	m ctacles ass	s or
*Example :- Do NOT Prefer Mr /Mrs / N	liss														
1. Name of Candidate [First Nam	ne, Middle N	Name, Last	Name](In	English)	: (In C	CAPIT	ALS)	* Do i	not wr	ite Mr/	/Ms				
2. Father's Name: [First Name, Mid	ldle Name,	Last Name](In Englis	h): (In C	APIT	ALS)	* Do n	ot wri	te Mr/	Shri					
3. Mother's Name: [First Name, Mid	ddle Name,	, Last Name	e](In Englis	sh): (In (CAPIT	ALS)	* Do r	not wr	ite Mr	s/Smt					
4. Gender: (Male/Female/Other)) 5. Dat	te of Birth	(DD/MM/	ΎΥΥΥΥ)		6. D	ate c	of Ad	miss	ion to	o abo	ve co	urse	(DD/N	/M/YYY)
	/	/	/] [/	/		/]
7. Category (UR/OBC/SC/ST) 8	3. Religio	on				L	I	9. (Conta	act N	o (Mo	bile)			1
] ₽	91			,	,			
10. Email ID (Please write very	clearly in	CAPITAI	letters	only)											
11. Permanent Address											•				
11. District		12.	State							13.	Pin	Code	•		
14. Aadhaar No			15	Nom	o of	Solo	otion	Poo	rd O1	u a lifu	ina E	vom		- T . 4 .	
			וס. ר	Nam		Selec	Suon	Боа		Jamy	ing E	xam (eg CE	: I, etc	;)
16. Roll No of the Qualifying Examin	nation														
						. 1			•	•				•	_
Date (DD/MM/YYYY):	_									((Signa	ature	of the	e Stu	dent)
Certified that the Photograph, sig	anature a	and stude	nt recor	d have	beer	n che	cked	bvo	collec	ne an	nd is c	correc	t		



ATAL BIHARI VAJPAYEE MEDICAL UNIVERSITY UTTAR PRADESH, LUCKNOW

	ADN	AIT CARD	Serial No: (ABVMUUP Office)
COURSE NAME	•)Regular Exam Phychiatry)	Batch 2021-2022
Name of College:		College Code	
Examination Center:			
Examination Roll No			Photograph Not less than 3.5 cm x 4.00 cm
ABVMUUP Enrollment No (Student ID No.)			Face Not less than 2 cm No Spectacles or Glass

ADMIT CADD

*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.	2. Father's Name: [First Name, Middle Name, Last Name] In English): (In CAPITALS) * Do not write Mr/Shri																							
]
3.	Moth	her's	Name	: [Fire	st Nai	me, N	liddle	Nam	e, La	st Na	me] (I	n Enç	glish):	(In (CAPI	TALS) * Do	o not	write	Mrs	/Smt			•
]

(Is being permitted in the following Subjects)

- 1. Basic Sciences as related to Psychiatry Paper-I 2. Clinical Psychiatry Paper-II 3. Psychiatric Specialties Paper-III
- 4. Recent Advances Paper-IV

(Seal & Signature of the Principal)

Signature of the Student)

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 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.
- Candidate shall not leave any identification mark anywhere in the answer book. if any candidate put's any type of identification 7. mark on the answer book, then it will be considered as use of unfair means and suitable action will be taken as per rules.