

ATAL BIHARI VAJPAYEE MEDICAL UNIVERSITY UTTAR PRADESH, LUCKNOW

	ADMIT CARD		Serial No: (ABVMUUP Office)		
COURSE NAME	(Course Code: (MD In Radiati) Regular Exam on Oncology)	Batch 20	21-2022	
Name of College:		College	e Code		
Examination Center:					
Examination Roll No				hotograph Not less han 3.5 cm x 4.00	
ABVMUUP Enrollment No (Student ID No.)				cm ace Not less than 2 cm No Spectacles or Glass	
			Signa	ature of the Stude	
Example :- Do NOT Prefer Mr /M . Name of Candidate [First Name		e](In English): (In CAPITALS	_		
Name of Candidate [First Name	e, Middle Name, Last Nam		S)* Do not write Mr/M		
Name of Candidate [First Name	e, Middle Name, Last Nam		S)* Do not write Mr/M		
Name of Candidate [First Name	e, Middle Name, Last Nam	English): (In CAPITALS) *	S) * Do not write Mr/M Do not write Mr/Shri	S	
•	e, Middle Name, Last Nam	English): (In CAPITALS) *	S) * Do not write Mr/M Do not write Mr/Shri	S	
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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	.M D (Course Code:) Regular Exam	Batch 2021-2022							
(MD In Radiation Oncology)										
Name of College:		College Co	de							
Examination Center:										
Examination Roll No			(Not to be filled by candidate)							
ABVMUUP Enrollment No (Student ID No.)										
Sir, It is requested to kindly allow 2021-22	me to appear in the followir	ng subject of the universit	y examination for the year							
	(For Office I	Jse)								
 01. Basic Principles in practice of R 02. Clinical Radiation Oncology Pa 03. Allied Oncology Practices (Surgo) 04. Recent Developments in Oncology 	aper-II gical oncology, medical onco logy	ALLOWED/ NSU FRESH A FAIIIAUVE CAIE) Paper-III LOWED/ NSU FRESH	PF 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 /Mi 1. Name of Candidate [First Name		sh): (In CAPITALS) * Do not writ	ee Mr/Ms							
2. Father's Name: [First Name, Mid	ddle Name, Last Namel(In English); (In CAPITALS) * Do not write Mr	/Shri							
3. Mother's Name: [First Name, Mid	ddle Name, Last Name](In English):	(In CAPITALS) * Do not write M	rs/Smt							
Date (DD/MM/YYYY):		ave been checked by collec	(Signature of the Student)							

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

The student is allowed to appear in the examination as indicated above.

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



ATAL BIHARI VAJPAYEE MEDICAL UNIVERSITY UTTAR PRADESH, LUCKNOW

	ENROLI	LMENT FORM	Form No (ABVMUU	
COURSE NAME	M D (Course Code	:) Regular Exa	ım Batch	2021-2022
	(MD In Radiation	on Oncology)		
Name of College:	·		ege Code	
Student Registration No. gi	iven by College:			Photograph Not less
ABVMUUP Enrollment No (Student ID No.)				than 3.5 cm x 4.00 cm Face Not less than 2 cm No Spectacles or Glass
*Example :- Do NOT Prefer Mr /Mrs / N	Miss			
Name of Candidate [First Name of Candidate First Name of Candid	me, Middle Name, Last Name)	(In English): (In CAPITALS) * Do not write Mr/Ms	
2. Father's Name: [First Name, Mid	ddle Name, Last Name](In En	glish): (In CAPITALS) * Do	not write Mr/Shri	
3. Mother's Name: [First Name, Mi	iddle Name, Last Name](In En	glish): (In CAPITALS) * Do	not write Mrs/Smt	
4. Gender: (Male/Female/Other	r) 5. Date of Birth (DD/M	MM/YYYY) 6. Date	of Admission to abo	ove course (DD/MM/YYY)
7. Category (UR/OBC/SC/ST)	8. Religion		9. Contact No (M	obile)
			+91	
			-91	
10. Email ID (Please write very	clearly in CAPITAL lette	rs only)		
11. Permanent Address				
11. District	12. Stat	e	13. Pin	ı Code
14. Aadhaar No	1	Name of Selection	Board Qualifying E	xam (eg CET, etc)
16. Roll No of the Qualifying Examin	nation			
Date (DD/MM/YYYY):			/Cian	nature of the Student)

Certified that the Photograph, signature and student record have been checked by college and is correct