

ATAL BIHARI VAJPAYEE MEDICAL UNIVERSITY UTTAR PRADESH, LUCKNOW

	ADMIT C	ARD	Serial No: (ABVMUUP Office)
COURSE NAME	M D (Course Code:) Regular Exam	Batch 2021-2022
	(MD in Respirator	y Medicine)	
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.)			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.	Fath	ier's N	lame	: [Firs	t Nan	ne, M	iddle	Name	e, Las	t Nan	ne](In	Engl	ish): ((In C	APIT/	ALS)	* Do	not v	write	Mr/Sl	nri		
Γ																							
3.	3. Mother's Name: [First Name, Middle Name, Last Name](In English): (In CAPITALS) * Do not write Mrs/Smt																						
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(Is being permitted in the following Subjects)

General Pulmonary Medicine and Basic Sciences Paper-I
Clinical Pulmonary Medicine Including Critical Care Medicine Paper-III
Recent Advances in Pulmonary Medicine and Research Methodology 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 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 I	(Course Code:) Regular Exam	Batch 2021-2022
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(MD in Respiratory Medicine)

Name of College:						Co	lleg	e Co	de			Т	Τ		
Examination Center:	 	 		 	 						<u> </u>		<u>_</u>	<u> </u>	
Examination Roll No									(Not	to be	filled b	oy cai	ndidat	ie)	
ABVMUUP Enrollment No (Student ID No.)															

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.	General Pulmonary Medicine and Basic Sciences Paper-I	ALLOWED/ NSU	FRESH	PF	
02.	Clinical Pulmonary Medicine Including Medical Emergenci				Colored Photograph
	Clinical Pulmonary Medicine Including Critical Care Medic	ALLOWED/ NSU	FRESH	PF	Not less
04	Recent Advances in Pulmonary Medicine and Research M	ALLOWED/ NSU	FRESH	PF	than 3.5 cm x 4.00 cm Face Not less
04.	recent / dvances in r amonary inculaine and research in		FRESH	FF	than 2 cm
					No Spectacles or Glass
					2.000

*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

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

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COURSE NAME	M	D (Cours	se Code	:)F	Regula	r Exam	Ba	atch 2	021-2	022	
	(1	MD in Res	spirator	y Medi	cine)						
Name of College:					Colle	ege Cod	е				
Student Registration No. gi (If Applicable)	ven by Col	llege:							Photogra than 3.5		
ABVMUUP Enrollment No (Student ID No.)									Face No	cm	
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*Example :- Do NOT Prefer Mr /Mrs / N	liss										
1. Name of Candidate [First Nam	ne, Middle Nam	e, Last Name](In English): (In CAI	PITALS)	* Do not w	rite Mr/M	s			
2. Father's Name: [First Name, Mic	ddle Name, Las	t Name](In En	nglish): (In (CAPITALS	S)*Dor	not write Mr	/Shri	1			
3. Mother's Name: [First Name, Mi	ddle Name, Las	st Name](In Ei	nglish): (In		.S)* Do	not write M	rs/Smt			<u>г</u> т	
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4. Gender: (Male/Female/Other) 5. Date o		MM/YYYY)	6	. Date d	of Admiss	sion to	above	course		/IM/YYY) -
		/				/	/	/			
7. Category (UR/OBC/SC/ST)	3. Religion					9. Cont	act No	(Mobi	le)		
					+	·91					
10. Email ID (Please write very	clearly in CA	APITAL lette	ers only)						1 1		
11. Permanent Address						I I I		1 1			
11. District		12. Sta	ate				13.	Pin Co	ode		
14. Aadhaar No			15. Nan	ne of Se	lection	Board O	ualifvin	n Eva	m (eq C	FT oto	-)
											-)
16. Roll No of the Qualifying Examir	nation]
Date (DD/MM/YYYY):							(9	ianotu	re of th	o \$411	dont)
Certified that the Photograph si								-		e siu	uciil)

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)