

## ATAL BIHARI VAJPAYEE MEDICAL UNIVERSITY UTTAR PRADESH, LUCKNOW

<b>ADMIT</b>	CARD
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**Serial No:** (ABVMUUP Office)

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ABVMUUP Enrollment No (Student ID No.)																	cm Face Not less than 2 cm No Spectacles or Glass								
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1.	С	andic	dates v	will be	allov	ved to	ente	r the					to C				rd.								

- 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)

<b>EXAMINATION OFMDS</b> (Course Code:051) Final Year, Part-2(3 <sup>rd</sup> Year) Exam <b>Batch</b> (Conservative Dentistry and Endodontics)												
Name of College:			College	Code								
Examination Center:							l I					
Examination Roll No				(Not to be filled by								
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. Conservative dentistry	ALLO	WED/ NSU	FRESH PF									
02. Endodontics	ALLO	WED/ NSU	FRESH PF		Colored Photograph Not less							
03. Essays (Descriptive and analysing type question)  ALLOWED/ FRESH PF  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, Middl	le Name, Last Name](In Ei	nglish): ( In CAPIT	ALS ) * <b>Do not w</b> ri	ite Mr/Shri								
3. Mother's Name: [First Name, Midd	lle Name, Last Name](In E	inglish): ( In CAPIT	ALS) * Do not wr	rite Mrs/Smt								
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)

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

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