

### ATAL BIHARI VAJPAYEE MEDICAL UNIVERSITY UTTAR PRADESH, LUCKNOW

# **EXAMINATION FORM**

Form No: (ABVMUUP Office)

EXAMINATION OFMDS (Course C	Code:056 )Final Year,Part- (Pediatric And Preventive	
Name of College:	Co	llege Code
Examination Center:		
Examination Roll No		(Not to be filled by candidate)
ABVMUUP Enrollment No (Student ID No.)		
Sir, It is requested to kindly allow me to appear 2021-22	in the following subject of the (For Office Use)	e university examination for the year
<ul> <li>01. Clinical Pedodontics</li> <li>02. Preventive and Community Dentistry as A</li> <li>03. Essays (Descriptive and analysing type quick</li> </ul>		PFColored Photograph Not less than 3.5 cm x 4.00 cmPFFace 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. 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

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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

Serial No: (ABVMUUP Office)

COURSE NAME......MDS (Course Code: 056 ) Final Year, Part-2(3rd Year) Exam Batch...... (Pediatric And Preventive Dentistry)

Name of College:		
Examination Center:		
Examination Roll No		Photograph Not less than 3.5 cm x 4.00
ABVMUUP Enrollment No (Student ID No.)		cm Face Not less than 2 cm No Spectacles or Glass

#### \*Example :- Do NOT Prefer Mr /Mrs / Miss

#### (Signature of the Student)

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.	Mot	her's	Nam	1e: [F	irst Na	ame, N	liddle	Name	, Last	Name	e](In E	nglish)	): ( In (	CAPIT	ALS )	* Do	not w	rite M	rs/Sm	t		

#### (Is being permitted in the following Subjects)

1. Clinical Pedodontics 2 Preventive and Community Dentistry as Applied in Pediatric Dentistry 3. Essays

(Descriptive and analysing type question)

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

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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.