

ATAL BIHARI VAJPAYEE MEDICAL UNIVERSITY UTTAR PRADESH, LUCKNOW

Serial No:

		TIDIVITI CI		(,	ABVMUUF	Office)		
COURSE NAMEMDS	•	59)Final Yea lealth Dentis		3 rd Year) Exar	n Batch	1		
Name of College:			С	ollege Code				
Examination Center:								
Examination Roll No ABVMUUP Enrollment No (Student ID No.)						Face No	cm x 4.	00 in 2
*Example :- Do NOT Prefer Mr /Mrs	/ Miss				(Sig	nature o	the St	uden
1. Name of Candidate [First Na	me, Middle Name, Last I	Name](In English):	(In CAPITAI	LS)* Do not write	Mr/Ms			
2. Father's Name: [First Name, I	Middle Name, Last Name	e](In English): (In C	CAPITALS)*	Do not write Mr/S	hri			
3. Mother's Name: [First Name,		e](In English): (In (CAPITALS)	* Do not write Mrs	/Smt			

ADMIT CARD

(Is being permitted in the following Subjects)

1. Public Health 2 Dental Public Health 3. Essays (Descriptive and analysing type question)

(Seal & Signature of the Principal)

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.
- 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 OFMDS (Course Code (Public	e:059)Final Year,F Bealth Dentistry)	art-2(3 rd Year) Exan	n Batch		
Name of College:	• •	College Code	e		
Examination Center:					
Examination Roll No ABVMUUP Enrollment No			(Not to be filled by candidate)		
(Student ID No.)					
Sir, It is requested to kindly allow me to appear 2021-22	in the following sub (For Office Use)	ject of the university	examination for the year		
01. Public Health	ALLOWED/ NSU	FRESH PF	Colored Photograph Not less than 3.5 cm x 4.00 cm		
02. Dental Public Health	ALLOWED/ NSU	FRESH PF			
03. Essays (Descriptive and analysing type qu	ALL _O WED/ NSU	FRESH PF	Face Not less than 2 cm No Spectacles or Glass		
1. Name of Candidate [First Name, Middle Name, La	ast Name](In English): (In	CAPITALS) * Do not write	Mr/Ms		
2. Father's Name: [First Name, Middle Name, Last Na	ame](In English): (In CAPI	TALS) * Do not write Mr/S	hri		
3. Mother's Name: [First Name, Middle Name, Last N	lame](In English): (In CAP	ITALS)* Do not write Mrs	/Smt		
Date (DD/MM/YYYY): <u>Certified that the Photograph, signature and stu</u> The student is allowed to appear in the examin			(Signature of the Student) and is correct		

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

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