

ATAL BIHARI VAJPAYEE MEDICAL UNIVERSITY UTTAR PRADESH, LUCKNOW

	ADMIT CA Supple	Serial No: (ABVMUUP Office)					
COURSE NAME	BMLS (Course Code:108) (Bachelor In Medical Lab		Batch				
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) *Example :- Do NOT Prefer Mr /Mrs / M	liss		cm Face Not less than 2 cm No Spectacles or Glass				
1. Name of Candidate [First Name	e, Middle Name, Last Name](In English):	(In CAPITALS) * Do not wrif	e Mr/Ms				
2. Father's Name: [First Name, Mic	ldle Name, Last Name](In English): (In C	APITALS)* Do not write Mr /	/Shri				
3. Mother's Name: [First Name, Mi	ddle Name, Last Name](In English): (In G	CAPITALS) * Do not write Mr	rs/Smt				
	(Is being permitted in the f						

1. Applied Bacteriology 2. Applied Haematology-1 3. Analytical Clinical Biochemistry 4. Applied Histopathology - I

(Seal & Signature of the Principal)

Instructions to Candidates

- 1. Candidates will be allowed to enter the examination hall on production of Admit Card.
- No candidate will be allowed to enter the examination centre 30 minutes after the commencement of the examination. 2. 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).
- Candidates shall not be allowed to carry any textural material printed or written matter or bits of paper or any other material 4. 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.

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	EXAMINATION FORM							Form No: (ABVMUUP Office)						
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COURSE NAME BMLS (Course Code: 108) 4st Sem					emeste	r Exar	n Batch							
	(Bachelo	r In Mec	lical Lab	orat	ory Sci	ence)								
Name of College:	C					College Code								
Examination Center:														
Examination Roll No	(Not to be filled by candidated by candidate									ndidate	e)			
ABVMUUP Enrollment No (Student ID No.)														
Sir, It is requested to kindly allow 2021-22	me to appear	in the fo	ollowing	subje	ect of the	e unive	ersity	exami	inatio	n for	the	year		
		(For O	ffice Use)				Γ						
 01. Applied Bacteriology 02. Applied Haematology- I 03. Analytical Clinical Biochemi 04. Applied Histopathology - I 	ALLOWED/ NSUFRESHPFALLOWED/ NSUFRESHPFALLOWED/ NSUFRESHPFALLOWED/ NSUFRESHPF						Colored Photograph Not less than 3.5 cm x 4.00 cm Face Not less than 2 cm No Spectacles or Glass							
1. Name of Candidate [First Nam	e, Middle Name, L	ast Name](In English):	(In C/	APITALS)	* Do not	t write	Mr/Ms						
2. Father's Name: [First Name, Mi	ddle Name, Last N	lame](In En	glish): (In (ALS)*Do	not writ	e Mr/Sl	hri						
						-1 - 1								
3. Mother's Name: [First Name, M	iddle Name, Last I	Name](In Ei	nglish): (In	CAPIT	ALS) * Do	not wri	te 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 The student is allowed to appear in the examination as indicated above.