

ATAL BIHARI VAJPAYEE MEDICAL UNIVERSITY UTTAR PRADESH, LUCKNOW

	ADMIT CARD	Serial No: (ABVMUUP Office)
	Supple	,
COURSE NAME	BOTT (Course Code: 100) 4st Semes	ster Exam Batch
	(B.Sc in Operation Theatre Techn	ology)
Name of College:	Co	ollege Code
Examination Center:		
Examination Roll No		Photograph Not less than 3.5 cm x 4.00 cm
ABVMUUP Enrollment No (Student ID No.)		Face Not less than 2 cm No Spectacles or Glass
*Example :- Do NOT Prefer Mr /Mrs /	Miss ne, Middle Name, Last Name](In English): (In CAPITAL)	S) * Do not write Mr/Ms
2 Eathor's Name: (First Name A	liddle Name, Last Name](In English): (In CAPITALS) * I	Do not write Mr(Chri
	Middle Name, Last Name](In English): (In CAPITALS) *	
Clinical Pharmacology 2.	(Is being permitted in the following S Clinical Microbiology 3. Basic Techniques	
	Instructions to Candidate	

- 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.



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EXAMINATION FORM

Form No: (ABVMUUP Office)

Supple

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EXAMINATION OF Be	OTT (Cours	se Code:1	00) 4 ^s	t Seme	ster E	xam	Ba	tch .					
	(B.Sc in	Operation	n Thea	tre Ted	chnolo	gy)							
Name of College:					Col	lege C	ode						
Examination Center:													
Examination Roll No							(Not	to be	filled l	by ca	ındida	te)	
ABVMUUP Enrollment No (Student ID No.)													
Sir, t 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. Clinical Pharmacology	· ·			FRESH			Colored Photograph Not						
02. Clinical Microbiology03. Basic Techniques of Anesthesia		ALLOWED/ NSU FRESH ALLOWED/ NSU FRESH			than 3.5 cm x 4.00 cm								
*Example :- Do NOT Prefer Mr /Mrs / Mis 1. Name of Candidate [First Name, N	s			(In CARI	TALC \ *		No Spec			ass			
1. Name of Candidate [First Name, r	niddle Name, La	ast Namej(iii i	English).	(III CAPI	TALS)	DO HOL W	Title Wil/i	VIS			1		
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2. Father's Name: [First Name, Middle	e Name, Last Na	ame](In Engli	sh): (In C	APITALS	5)* Do n	ot write I	Mr/Shri						
3. Mother's Name: [First Name, Midd	e Name, Last N	lame](In Engli	ish): (In (CAPITALS	S)* Do i	not write	Mrs/Sm	t					
Date (DD/MM/YYYY): <u>Certified that the Photograph, sign</u> The student is allowed to appear in					hecked	by colle			ture o		ie Sti	uder	nt)
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Name of the Principal (Seal & Signature of the Principal) (Counter Signature of Dean-ABVMUUP) (Medical/Dental/Nursing/Paramedical)