



# ATAL BIHARI VAJPAYEE MEDICAL UNIVERSITY UTTAR PRADESH, LUCKNOW

## EXAMINATION FORM

Form No:  
(ABVMUUP Office)

**Supple**

EXAMINATION OF ..... BOT (Course Code: 107 ) 2<sup>st</sup> Semester Exam  
(Bachelor in Occupational Therapy)

Batch. ....

Name of College:

College Code

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Examination Center: \_\_\_\_\_

Examination Roll No

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(Not to be filled by candidate)

ABVMUUP Enrollment No  
(Student ID No.)

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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. Human Anatomy –II (Including Applied Anatomy)
02. Human Physiology II (Including Applied Physiology)
03. Fundamental OT-II
04. Psychology and Sociology- I

ALLOWED/ NSU	FRESH	PF
ALLOWED/ NSU	FRESH	PF
ALLOWED/ NSU	FRESH	PF
ALLOWED/ NSU	FRESH	PF

Colored Photograph  
Not less  
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

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2. Father's Name: [First Name, Middle Name, Last Name](In English): ( In CAPITALS ) \* Do not write Mr/Shri

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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)

*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.*

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

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

