



**COLLEGE OF MEDICAL TECHNOLOGY AND ALLIED HEALTH SCIENCES  
SANJAY GANDHI POST GRADUATE INSTITUTE OF MEDICAL SCIENCES, LUCKNOW**

**(EXAMINATION FORM)**

Enrolment No.....

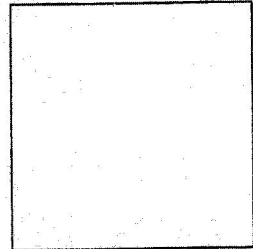
Roll No.....

(The candidates are required to fill in the form neatly and legibly in Capital Letters only and submit in Office after completing all formalities)

**Annual / Semester/Compartment Examination-20.....**

Course .....Annual/Semester ..... Year.....

To,  
The Executive Registrar  
SGPGIMS,  
Lucknow



I request permission to present myself at the Examination  
of..... for the year .....

The required certificate/ documents and other particulars are enclosed.

Dated.....

Yours Faithfully

Signature of Candidate & full name

**(All particulars are to be filled in by the candidate carefully)**

1. Name of the candidate.....  
(As per high school certificates in bold letters)
2. Gender (Male/Female):.....
3. Date of birth (according to High School Certificate ).....
4. Father's Name .....
5. Permanent Address.....
6. Corresponding Address .....

7. Mobile No..... Residence Phone No.....  
8. Nationality.....  
9. Whether previously appeared in any examination of this institute if so given:-  
Name of Examination..... & Year ..... Roll No..... Result.....  
10. Examination passed immediately preceding this class .....  
Institute..... Exam.....  
Roll No..... Year..... Enrolment No.....

**Note: An attested copy of Mark sheet of last Examination must be enclosed**

**(Certificate to be signed by the candidate)**

I certify that the foregoing entries have been filled by me. The entries made by me are true and correct to be best of my knowledge & belief and nothing has been concealed. In any case information furnished by me in application form is found to be incorrect or false at any stage, my examination is liable to be cancelled. I have been deposited the prescribed fee Rs..... Vide Receipt No.....

**Date:**.....

**(Name & Signature of Candidate)**

**(Certificate)**

I certify that the above named candidate has been duly enrolled as a student of CMT & AHSc. SGPGIMS, Lucknow. I know nothing against his/her character which ought to debar him/her for appearing in this examination that he/she fulfilment the requirement of the examination as per Regulation / Academic Board / Governing Board of the institute. It is also certify that the particulars filled by the candidate in the examination form are true to the best of my knowledge/ belief and nothing has been concealed.

**Signature of Nodal Officer  
CMT & AHSc.**

Certified that Mr.....of B.Sc./BPT/M.Sc. course has been deposited the examination fee of Rs.....Vide receipt No.....Dated.....

Further certified that Tuition & Library Fee is also paid up to date vide receipt no.....

Dated.....for Rs.....

**CASHIER**

**FINANCE OFFICER**

**DATE:**

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**ACADEMIC DEPARTMENT**

1. Enrolment No. assigned .....

2. Course Name and Year .....

**SUB DEAN  
CMT & CON**

**NODAL OFFICER  
CMT & AHSc.**

**Accepted for Examination  
DEAN**



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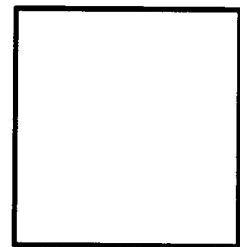
Enrolment No.....

Roll No.....

**Annual/ Semester/Compartment Examination- 20.....-20.....**

Course Name.....Annual/ Semester.....Year.....

**ADMIT CARD**



(Mr/Ms).....

Son/ Daughter of.....

To the (Course Name).....

Commencing from.....

**(The Examination shall commence each day at the fixed time as per notification)**

.....

**Signature of Candidate**

.....

**(To be attested by. Nodal Officer CMT & AHSc.)**

**(SUB DEAN)  
CMT & CON**

**NOTE:**

1. Candidate shall not be permitted to carry any textural material, cellular phones & any electronic gadget within the examination hall.
2. Candidate will be allowed to enter the examination hall on production of admit card only.
3. No candidate should leave examination hall without permission of invigilator.
4. Candidate should not leave any identification mark anywhere in the answer book, if found so, the same will be considered as use of unfair means and suitable action will be initiated against them.