





# ATAL BIHARI VAJPAYEE MEDICAL UNIVERSITY UTTAR PRADESH, LUCKNOW

## EXAMINATION FORM

Form No:  
(ABVMUUP Office)

COURSE NAME..... BSCN (Code: 001) 2<sup>nd</sup> Year Re- Supple Exam 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 2020-21

(For Office Use)

01. Sociology
02. Medical Surgical Nursing-I
03. Pharmacology, Pathology & Genetic-II
04. Community Health Nursing –I
05. Communication & Education

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

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)