





# ATAL BIHARI VAJPAYEE MEDICAL UNIVERSITY UTTAR PRADESH, LUCKNOW

## EXAMINATION FORM

**Form No:**  
(ABVMUUP Office)

**EXAMINATION OF** ..... MSCN Course Code: (003)1<sup>st</sup>Year Exam

**M.Sc Nursing**

**Name of College:**

**College Code**

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

**Examination Roll**

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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 2022-23

(For Office Use)

01. Nursing Education
02. Advance Nursing Practice
03. Nursing Research & Statistics
04. Clinical Specialty-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)**

