

## ATAL BIHARI VAJPAYEE MEDICAL UNIVERSITY UTTAR PRADESH, LUCKNOW

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- 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 hall.
- 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.



## ATAL BIHARI VAJPAYEE MEDICAL UNIVERSITY UTTAR PRADESH, LUCKNOW

	ENROLLMENT FORM	Form No: (ABVMUUP Office)
COURSE NAME	te Code: 002) 1st YEAR OF EXAMINATION	Batch
Name of College:	College	e Code
Student Registration No. given by College: (If Applicable)		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 / Mis	S	
1. Name of Candidate [First Name, Middle	Name, Last Name](In English): ( In CAPITALS ) *	Do not write Mr/Ms
2. Father's Name: [First Name, Middle Name	e, Last Name](In English): (In CAPITALS) * <b>Do n</b>	ot write Mr/Shri
2. Tadioi s ivanie. [i nst ivanie, ividate ivanie	, East Name (in English). (in Crit 117125)	
3. Mother's Name: [First Name, Middle Nam	ie, Last Name](In English): (In CAPITALS) * <b>Do I</b>	not write Mrs/Smt
4. Gender: (Male/Female/Other) 5. Date of (DD/MM/YYY)	Birth (DD/MM/YYYY) 6. Date of Admissi	on to above course
7. Category (UR/OBC/SC/ST) 8. Relig	ion 9. Contact N	Vo (Mobile)
	+91	
10. Email ID ( Please write very clearly in CA	PITAL letters only)	
11. Permanent Address		
11. District	12. State 13. Pin	Code
	<del></del>	
14. Aadhaar No	15. Name of Selection Board Qualify	ving Exam (eg CET, etc)
16. Roll No of the Qualifying Examination		

Certified that the Photograph, signature and student record have been checked by college and is correct

Date (DD/MM/YYYY): \_

(Signature of the Student)



## ATAL BIHARI VAJPAYEE MEDICAL UNIVERSITY UTTAR PRADESH, LUCKNOW

## **EXAMINATION FORM**

				Form No: ABVMUUP Office)						
COURSE NAMEPBBSC	N (Course Code: 002)	1st YEAR OF EX	KAMINATION E	Batch						
Name of College:			College Co	ode						
Examination Center:										
Examination Roll No			(Not to be filled by candidate)							
ABVMUUP Enrollment No (Student ID No.)										
Sir, It is requested to kindly allow me to	o appear in the follow	ing subject of the 1	university examina	tion for the year 2022-23						
	(For Office Use)	ı								
<b>01.</b> Nursing Foundation	Ai	LLOWED/ NSU	FRESH PF							
<b>02.</b> Nutrition & Dietetics				Colored Photograph Not less than 3.5 cm x 4.00 cm Face Not less						
<b>03.</b> Biochemistry & Biophysics	_ A	LLOWED/ NSU	FRESH PF							
<b>04.</b> Psychology	A	LLOWED/ NSU	FRESH PF							
<b>05.</b> Microbiology				than 2 cm No Spectacles or						
<b>06.</b> Maternal Nursing		ALLOWED/ NSU	FRESH PF	Glass						
07. Child Health Nursing	Г	ALLOWED/ NSU	FRESH PF	]						
<b>08.</b> Medical & Surgical Nursing <b>09.</b> English	_		<b>-</b>	_						
1. Name of Candidate [First Name, I	Middle Name, Last Na	me](In English): ( I	n CAPITALS ) * <b>D</b> o	o not write Mr/Ms						
2. Father's Name: [First Name, Midd	dle Name, Last Name]	(In English): (In Ca	APITALS ) * <b>Do no</b>	t write Mr/Shri						
3. Mother's Name: [First Name, Mic	idle Name I act Nama	l(In English): (In C	CAPITALS) * Do n	ot write Mrs/Smt						
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<u>Certified that the Photograph, signature and student record have been checked by college and is correct</u>

<u>The student is allowed to appear in the examination as indicated above.</u>