

ATAL BIHARI VAJPAYEE MEDICAL UNIVERSITY UTTAR PRADESH, LUCKNOW

		ADMIT CARD						Serial No: (ABVMUUP Office)																
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Examination Roll No ABVMUUP Enrollment No (Student ID No))													Photograph Not less than 3.5 cm x 4.00 cm Face Not less than 2 cm No Spectacles or						
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2.	Fat	her's	Name	e: [Firs	t Name	e, Mido	ile Nar	ne, La	st Nam	ne](In E	nglisł	n): (In	CAPI	ΓALS)	* Do 1	not wr	ite Mr/	/Shri						
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Instructions to Candidates

- Candidates will be allowed to enter the examination hall on production of Admit Card.
- 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.
- Candidates shall sign the attendance sheet when directed by invigilator(s).
- 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 hail.
- 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.
- 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.
- 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.



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EXAMINATION FORM

Form No: (ABVMUUP Office)

COURSE NAME	BSCN (Co	de: 001) 2 nd Year Re	- Supple Exam	Batch .					
Name of College:			College C	Code					
Examination Center:									
Examination Roll No				(Not to b	ot to be filled by candidate				
ABVMUUP Enrollment No (Student ID No.)									
Sir, It is requested to kindly allow m 2020-21		the following subject For Office Use)	of the university	examina	tion for t	he year			
01. Sociology		ALLOWED/ NSU	FRESH PF		Col	ored			
02. Medical Surgical Nursing-I		ALLOWED/ NSU	FRESH PF		le	raph Not			
03. Pharmacology, Pathology & Gen	netic-II	ALLOWED/ NSU	FRESH PF		than 3.5 cm x 4.00 cm Face Not less than 2 cm No Spectacles or Glass				
04. Community Health Nursing –I05. Communication & Education		ALLOWED/ NSU	FRESH PF						
1. Name of Candidate [First Nam	ne, Middle Name	e, Last Name](In Engl	ish): (In CAPITA	aLS)* Do	o not writ	ee Mr/Ms			
2. Father's Name: [First Name, M	Aiddle Name, La	ast Name](In English):	(In CAPITALS) * Do no	t write M	[r/Shri			
3. Mother's Name: [First Name, I	Middle Name, L	ast Name](In English): (In CAPITALS	S) * Do n o	ot write N	Ars/Smt			
Date (DD/MM/YYYY):	nature and stude			nature of		ent)			

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

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