

ATAL BIHARI VAJPAYEE MEDICAL UNIVERSITY UTTAR PRADESH, LUCKNOW

								ADMIT CARD								Serial No: (ABVMUUP Office)								
COURSE NAME BS									BSCN (Code: 001) 2 nd Semester Exam							Batch								
Name of College:															College Code			e [
Exa	amiı	nati	on C	ente	r:																			
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 Glass						
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- Instructions to Candidates
- 1. Candidates will be allowed to enter the examination hall on production of Admit Card.
- 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 hail.
- 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

	EXAMINATION FORM									
COURSE NAME	BSCN (Code: 00	01) 2 nd Semester I	Exam	Batch						
Name of College:			College Code	e						
Examination Center:										
Examination Roll No				(Not to be filled by candidate						
ABVMUUP Enrollment No (Student ID No.)										
Sir, It is requested to kindly allow 2022-23	me to appear in the fo	llowing subject of	the university	y examina	ntion for	the y	ear			
	(For O	ffice Use)								
01. Applied Biochemistry & App	lied Nutrition & Dietetics	ALLOWED/ NSU	FRESH	PF		ed Photo				
02. Nursing Foundation		ALLOWED/ NSU	J FRESH	PF	than 3.5 Fac th		4.00 cm ess m			
1. Name of Candidate [First N	ame, Middle Name, Last	Name](In English)): (In CAPITA	ALS)*D	o not w	rite M	Ir/Ms			
						_				
2. Father's Name: [First Name	, Middle Name, Last Na	me](In English): (I	n CAPITALS) * Do no	ot write	Mr/S	hri			
3. Mother's Name: [First Nam	e, Middle Name, Last Na	ame](In English): (In CAPITAL	S) * D o n	ot write	: Mrs/	'Smt			
Date (DD/MM/YYYY):			(S	ignature (of the St	uden	t)			
Certified that the Photograph	sionature and student rec	cord have been che	cked by colleg	e and is c	orrect					

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

The student is allowed to appear in the examination as indicated above.

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