

ATAL BIHARI VAJPAYEE MEDICAL UNIVERSITY UTTAR PRADESH, LUCKNOW

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	ADMIT CARD	(ABVMUU	
COURSE NAME	MSCN Course Code: (003)1stYear Exam	Batch	2022-2023
	M.Sc Nursing		
Name of College:	College Code	•	
Examination Center:			
Examination Roll No			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
		Sig	gnature of the Student)

*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																	
3.	Mother's Name: [First Name, Middle Name, Last Name](In English): (In CAPITALS) * Do not write Mrs/Smt																	

(Is being permitted in the following Subjects)

1. Nursing Education 2. Advance Nursing Practice 3. Nursing Research & Statistics 4. Clinical Specialty-I

(Seal & Signature of the Principal)

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 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

EXAMINATION FORM

EXAMINATION OF	MSC	EXAI N Course	Form No: (ABVMUUP Office)					
		M.Sc	Nursing					
Name of College:					College C	ode		
Examination Center:				 				
Examination Roll						(Not 1	to be filled by candidate)	
ABVMUUP Enrollment No (Student ID No.)								

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	ALLOWED/ NSU	FRESH PF
02. Advance Nursing Practice	ALLOWED/ NSU	FRESH PF
03. Nursing Research & Statistics	ALLOWED/ NSU	FRESH PF
04. Clinical Specialty-I	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

2. Father's Name: [First Name, Middle Name, Last Name](In English): (In CAPITALS) * Do not write Mr/Shri

3.	3. Mother's Name: [First Name, Middle Name, Last Name](In English): (In CAPITALS) * Do not write Mrs/Smt																							

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)



ATAL BIHARI VAJPAYEE MEDICAL UNIVERSITY UTTAR PRADESH, LUCKNOW

	IENT FORM	Form No: (ABVMUUP Office)	
COURSE NAME	MSCN Course Code: ((003)1 st Year Exam	Batch 2022-2023
	M.Sc Nursi	ng	
Name of College:		Colleg	e Code
Student Registration No. given (If Applicable)	by College:		Photograph Not less
ABVMUUP Enrollment No (Student ID No.)			than 3.5 cm x 4.00 cm Face Not less than 2 cm No Spectacles or Glass
*Example :- Do NOT Prefer Mr /Mrs / M	iss		
1. Name of Candidate [First Name, Mi	ddle Name, Last Name](In English): (In CAPITALS) * Do not write Mr/M s	s
2. Father's Name: [First Name, Middle N	ame_Last Name](In English): (In CA	PITALS) * Do not write Mr/Shri	
3. Mother's Name: [First Name, Middle N	lame, Last Name](In English): (In CA	PITALS) * Do not write Mrs/Smt	
4. Gender: (Male/Female/Other) 5.	Date of Birth (DD/MM/YYYY)	6. Date of Admission to	above course (DD/MM/YYY)
7. Category (UR/OBC/SC/ST) 8. R	eligion	9. Contact No	(Mobile)
		+91	
10. Email ID (Please write very clea	rly in CAPITAL letters only)		
11. Permanent Address			
11. District	12. State	13.	Pin Code
14. Aadhaar No	15.	Name of Selection Board Qu	alifying Exam (eg CET, etc)
16. Roll No of the Qualifying Examination			
Date (DD/MM/YYYY):		(Si	gnature of the Student)

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

Name of the Principal (Seal & Signature of the Principal) (Counter Signature of Dean-ABVMUUP) (Medical/Dental/Nursing/Paramedical)