

## ATAL BIHARI VAJPAYEE MEDICAL UNIVERSITY UTTAR PRADESH, LUCKNOW

							ADWITI CARD									Serial No: (ABVMUUP Office)										
CC	COURSE NAME BSCN (Code: 001) 2 <sup>nd</sup> Semester Exam													Ba	Batch											
Name of College:								Colle								llege	ge Code									
Exa	aminat	ion C	Cente	r:																						
Examination Roll No  ABVMUUP Enrollment No (Student ID No)															Photograph Not than 3.5 cm x 4				n x 4.							
														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

	EXAMI	NATION FORM		Form No: (ABVMUUP Office)							
COURSE NAME	BSCN (Code: 00	1) 2 <sup>nd</sup> Semester H	Exam	Batch							
Name of College:			College Cod	e							
Examination Center:											
Examination Roll No				(Not to be filled by candid							
ABVMUUP Enrollment No (Student ID No.)											
Sir, It is requested to kindly allow	me to appear in the fol	lowing subject of	the universit	y examina	tion for	the y	ear'				
	(For Of	ffice Use)		[							
<b>01.</b> Applied Biochemistry & App	lied Nutrition & Dietetics	ALLOWED/ NSU	FRESH	PF	Colored Photograph Not less						
<b>02.</b> Nursing Foundation		ALLOWED/ NSU	FRESH	PF	th	cm x 4 e Not le an 2 cr pectacl Glass	ess n				
1. Name of Candidate [First N	ame, Middle Name, Last	Name](In English)	: ( In CAPIT	ALS)* <b>D</b> o	o not wr	ite M	r/Ms				
2. Father's Name: [First Name	, Middle Name, Last Nar	me](In English): ( I	n CAPITALS	) * <b>Do no</b>	t write	⊥ Mr/Sl	hri				
	,										
3. Mother's Name: [First Nam	e, Middle Name, Last Na	me](In English): (	In CAPITAL	S ) * <b>Do n</b> e	ot write	Mrs/	Smt				
Date (DD/MM/YYYY):			(S	ignature (	of the St	uden	t)				
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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)