

ATAL BIHARI VAJPAYEE MEDICAL UNIVERSITY UTTAR PRADESH, LUCKNOW

EXAMINATION FORM

Form No: (ABVMUUP Office)

EXAMINATION OF	BSCN (Code: 001) 1	st Semester Exam	OF 2020
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Name of College:										Coll								ollege Code								
Ex	Examination Center:																									
Examination Roll No																(Not to be filled by candidate)			
ABVMUUP Enrollment No (Student ID No.)																										
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02. Applied Sociology & Applied Psycholog														og				Colored Photograph								
03								ALLOWED/ NSU					FRES <mark>H PF</mark>				Not less than 3.5 cm x 4.00 cm Face Not less									
04								ALLOWED/ NSU					FRESH PF													
05							ALLOWED/ NSU					FRESH PF				than 2 cm No Spectacles or						r				
06								ALLOWED/ NSU					FRESH PF				Glass									
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3.	Mo	ther's	s Na	me: [I	First N	ame, N	/liddle	Name	, Last	t Nam	e](In	Engli	sh): (In C	APIT	ALS)	* Do	not w	/rite N	lrs/Sm	nt					
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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>

(Seal & Signature of the Principal)

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