

ATAL BIHARI VAJPAYEE MEDICAL UNIVERSITY UTTAR PRADESH, LUCKNOW

	ADMIT	Serial No: (ABVMUUP Office)				
COURSE NAME	BSCN (Code: 001) 4 ^s	^t Semester Exam	Batch			
Name of College:		College Cod	е 🔲			
Examination Center:						
Examination Roll No			Photograph Not less than 3.5 cm x 4.00			
ABVMUUP Enrollment No (Student ID No)			Face Not less than 2 cm No Spectacles or Glass			
*Example :- Do NOT Prefer Mr /Mrs / 1. Name of Candidate [First Name of Candidate First Name		n): (In CAPITALS) * Do not wr	ite Mr/Ms			
2. Father's Name: [First Name, M	iddle Name, Last Name](In English): (I	n CAPITALS) * Do not write M	r/Shri			
2 Mathania Nama (St. 19)						
3. Mother's Name: [First Name, N	liddle Name, Last Name](In English): (In CAPITALS) * Do not write N	Irs/Smt			
01. Pharmacology & Patholo	(Is being permitted in the	,				
		((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.



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	EXAMIN	ATION F		Form No: (ABVMUUP Office)				
COURSE NAME	BSCN (Code: 00	1) 4st Semes	ster Exam	Batch	١			
Name of College:			College	Code				
Examination Center:								
Examination Roll No			(Not to	(Not to be filled by candidate)				
ABVMUUP Enrollment No (Student ID No.)								
Sir,								
It is requested to kindly al the year 2021-22	llow me to appear in t	he following	subject of th	e univer	sity ex	ami	natio	n fo
	(For	Office Use)						
01. Pharmacology & Pathol	ALLOWED/ NSU FRESH		PF	PF Colored Photograph Not less				
02. Adult Health Nursing II		ALLOWED/ NSU FRESH		PF	than 3.5 cm x 4.00 cm Face Not less than 2 cm			
					No Sp	ectacl	es or C	3lass
Name of Candidate [First Na	me, Middle Name, Last Name](l	n English): (In CAl	PITALS) * Do not	write Mr/Ms	s			
2. Father's Name: [First Name, N	Middle Name. Last Namel(In En	glish): (In CAPITAI	LS)* Do not write	e Mr/Shri			<u> </u>	
		5 , (,			1		
							<u> </u>	
3. Mother's Name: [First Name,		nglish): (In CAPITA	LS)* Do not writ	te Mrs/Smt			<u> </u>	

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.

Date (DD/MM/YYYY): _____

(Signature of the Student)