

ATAL BIHARI VAJPAYEE MEDICAL UNIVERSITY UTTAR PRADESH, LUCKNOW

	Serial No: (ABVMUUP Office)													
COURSE NAME BSCN (Code: 001) 1st Year Re- Supple Exam	Batch													
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													
*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														
2. Father's Name: [First Name, Middle Name, Last Name](In English): (In CAPITALS) * Do not write Mr/s	Shri													
2. Father's Name: [First Name, Middle Name, Last Name](In English): (In CAPITALS) * Do not write Mr/s	Shri													
2. Father's Name: [First Name, Middle Name, Last Name](In English): (In CAPITALS) * Do not write Mr/s 3. Mother's Name: [First Name, Middle Name, Last Name](In English): (In CAPITALS) * Do not write Mrs														

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

Form No: (ABVMUUP Office)

COURSE NAME BSCN (Code: 001) 1st Year Re- Supple Exam Batch																											
Name of College:															Со	llege	e Co	de									
Ex	Examination Center:																										
Examination Roll No																					(Not 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 2020-21																										
(For Office Use)																											
01. Anatomy & Physiology										Al	LOV	VED	/ NS	U	F	RESH PF			1								
02. Nutrition & Biochemistry											Al	LOV	VED	/ NS	U	F	FRESH PF				Colored Photograph Not less						
03. Nursing Foundation											Al	ALLOWED/ NSU F						FRESH PF			than 3.5 cm x 4.00 cm Face Not less than 2 cm No Spectacles or Glass						
04. Psychology										ALLOWED/ NSU F						FRESH PF											
05. Microbiology									Al	ALLOWED/ NSU						FRESH PF											
1.	1. Name of Candidate [First Name, Middle Name, Last Name](In English): (In CAPITALS) * Do not write Mr/Ms																										
																							<u> </u>				
																							<u> </u>				
2.	Fath	ner's	Nan	ne: [F	irst Na	ame, M	1iddle	Name	, Last	Name	:](In Eı	nglish)): (In	CAF	PITAI	LS)*	Do r	not wi	rite Mı	r/Shri							
3	Mot	her's	: Nar	we. le	Firet N	ame, N	Middle	Name	last	Name	el(In F	nalish). (li	n CA	ΡΙΤΔ	us)	* Do	not w	rite M	lrs/Sm	nt						
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Name of the Principal (Seal & Signature of the Principal)

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