

ATAL BIHARI VAJPAYEE MEDICAL UNIVERSITY UTTAR PRADESH, LUCKNOW

	ADMIT CARD	Serial No: (ABVMUUP Office)									
COURSE NAME	BSCN (Code: 001) 4st Year Exam	n Batch									
Name of College:	Co	ollege 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									
	ne, Middle Name, Last Name](In English): (In CAPITALS										
2. Father's Name: [First Name, N	liddle Name, Last Name](In English): (In CAPITALS) * [Jo not write Mr/Shri									
3. Mother's Name: [First Name, N	//iddle Name, Last Name](In English): (In CAPITALS) *	Do not write Mrs/Smt									
(Is being permitted in the following Subjects) 01. Management of Nursing Services & Education 2 Midwifery & Obstetrical Nursing 3. Community Health Nursing II											
		(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 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.



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	EXAMINATION FORM											Form No: (ABVMUUP Office)							
COURSE NAME			BSCN	(Cod	le: 0()1)	4 st \	⁄ear	Exa	am			Bat	tch .					
Name of College:										Со	llege	e Co	de						
Examination Cen	ter:																		
Examination Roll N	lo										(Not to be filled by candidate)								
ABVMUUP Enrollm (Student ID No.)	ent No																		
Sir,																			
It is requested to the year 2020 - 21		allow	me to a	ppea	r in t	the f	ollo	wing	g suk	ojec	t of t	he u	ınive	ersi	ty ex	ami	natio	on fo	
					(For	offi	ice U	se)											
on. Management o		Ū		Educ	catio	Al	LOV	/ED/	NSU	ı	FRES	Н	PF		Colore	le	SS		
03. Community Hea	lth Nurs	ing II				ALI	LOWI	ED/ N	SU	ı	FRES	Н	PF			ace N than		3	
 Name of Candida 	ate [First	Name, Mi	ddle Name	, Last N	lame]((In En	glish):	(In C	APITA	.LS)*	' Do n	ot wri	te Mr/l	Ms					
2. Father's Name: [First Name	e, Middle	Name, Las	Name](In Er	nglish)	: (In (CAPIT	ALS)	* Do ı	not wr	ite Mr	/Shri	r			_		
3. Mother's Name:	First Nam	e, Middle	Name, Las	t Name	e](In E	nglish): (In	CAPIT	ΓALS)	* Do	not w	rite M	rs/Sm	t					

<u>Certified that the Photograph, signature and student record have been checked by college and is correct</u> The student is allowed to appear in the examination as indicated above.

Date (DD/MM/YYYY): _____

(Signature of the Student)