

ATAL BIHARI VAJPAYEE MEDICAL UNIVERSITY UTTAR PRADESH, LUCKNOW

EXAMINATION FORM

Form No: (ABVMUUP Office)

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mination Center:																		
BVMUUP Enrollment No Student ID No.)												(No	lot to be filled by candidate)					
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ather's Name: [First Name, I	1iddle Na	me, Las	t Name](In En	glish):	(In C	АРІТА	LS)*	Do n	ot writ	e Mr/s	Shri						
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lother's Name: [First Name,	T T																	

(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)