

ATAL BIHARI VAJPAYEE MEDICAL UNIVERSITY UTTAR PRADESH, LUCKNOW

Form No: (ABVMUUP Office)

COURSE NAMEMSCN Course Code: (003) YEAR OF ADMISSION (YYYY)											′) 20 2	2 1- 2	2													
Na	Name of College: College Code]									
Student Registration No. given by College:										Photograph Not less than 3.5 cm x 4.00																
ABVMUUP Enrollment No (Student ID No.)						me, Middle Name, Last Name](In English): (In CAPITALS) * Do not write Mr/Ms								/Me	Face Not less than 2 cm No Spectacles or Glass											
1.	ITGI			laide	I C	II St INC	iiie, iv	lidale	Ivaille	, Lasi	Ivanie](111 L	i igiisi i	. (111)		ALO)		TIOL WI	The will	IVIS						_
2.	Fat	her's	Nan	ne: [F	irst Na	me, M	liddle	Name	, Last I	Name](In Er	nglish)	: (ln (CAPIT	ALS)	* Do r	not wr	ite Mr	/Shri				I	1		
3.	Mot	ther's	s Nar	ne: [F	First Na	ame, N	Middle	Name	e, Last	Name	e](In E	nglish): (In	CAPIT	ALS)	* Do	not w	rite M	rs/Smt			<u> </u> 	<u> </u> 	<u> </u> 		
4.	Gei	nder:	(Ma	le/Fe	male	/Othe	er) 5.	. Da	ite of	Birth	n (DD/	MM/Y	YYY)		6. D	ate d	of Ad	lmiss	sion to	o abo	ove c	our	se (Di	D/MN	//YY	Y)
								/			/						/	/		/						
7.	7. Category (UR/OBC/SC/ST) 8. Religion 9. Contact No (Mo											obile)													
																_ [91									
10	. Em	nail II) (P	lease	write	e ver	y clea	arly ir	n CAF	PITA	L lette	ers c	nly)			_										

ENROLLMENT FORM

14. Aadhaar No	15.	Name of Selection Board Qualif	ying Exam (eg CET, etc

12. State

16. Roll No of the Qualifying Examination

Date (DD/MM/YYYY): _____

11. Permanent Address

11. District

(Signature of the Student)

Certified that the Photograph, signature and student record have been checked by college and is correct

13. Pin Code



ATAL BIHARI VAJPAYEE MEDICAL UNIVERSITY UTTAR PRADESH, LUCKNOW

EXAMINATION FORM

Form No: (ABVMUUP Office)

EXAMINATION OFMS	SCN	(Code:	003) PR	OFE	SSI	ONAL	_ 1 st	Year	EXA	MIN	IATIC	O NC	F 20	21-2	022
Name of College:							(College Code								
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 app	pear in t			ng su Iffice			univ	ersity	exam	inatio	on for	the ye	ear 20)21-2:	2
01. Nursing Education		ALLOWED/ NSU				FRESH		PF								
02. Advance Nursing Practice		ALLOWED/ NSU				FRESH PF						Col	ored P	hotoa	ranh	
03. Nursing Research & Statistics	ALLOWED/ NSU						PF				Colored Photograph Not less than 3.5 cm x 4.00 cm					
04. Clinical Specialty-I 05	ALLOWED/ NSU						PF				Face Not less than 2 cm					
06		ALLOWED/ NSU ALLOWED/ NSU						PF				N	o Spec Gla	tacles ass	or	
								PF								
Name of Candidate [First Name	e, Middl	le Name,	Last N	Name]	(In Enç	glish):	(In CA	PITALS	S)* Do	o not w	rite Mr	/Ms	<u> </u>			
Father's Name: [First Name, Michael Property of the Company o	ddle Na	me, Last	Name](In Er	nglish):	: (In C	APITAI	LS)*[Do not	write M	Ir/Shri	l .	_			
3. Mother's Name: [First Name, Mi	ddle Na	ame, Last	: Name	e](In E	nglish): (In (CAPITA	LS)*	Do not	write N	/lrs/Sm	nt				
Date (DD/MM/YYYY):	gnatuı								ked b	y colle		(Sign			e Stud	dent)
The student is allowed to appear	<u>r in the</u>	e exam	inatio	n as	indic	ated	above).								

(Seal & Signature of the Principal)

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



ATAL BIHARI VAJPAYEE MEDICAL UNIVERSITY UTTAR PRADESH, LUCKNOW

ADMIT CARD

Form No: (ABVMUUP Office)

EXAMINATION OF	MSCN (Co	ode: 003) PR (FESSIONAL	. 1 st Year EXAM I	NATION OF 2021-2022		
Name of College:			(College Code			
Examination Center:							
Examination Roll No			Photograph Not less than 3.5 cm x 4.00 cm Face Not less than 2 cm No Spectacles or Glass				
ABVMUUP Enrollment No (Student ID No.)							
Name of Candidate [First Name of Candidate First Name of Candid	ne, Middle Name	e, Last Name](In En	glish): (In CAPITA	ALS)* Do not write Mr/M	Signature of the Student)		
2. Father's Name: [First Name, M	iddle Name, Las	t Name](In English)	: (In CAPITALS)	* Do not write Mr/Shri			
3. Mother's Name: [First Name, N	liddle Name, Las	st Name](In English): (In CAPITALS)	* Do not write Mrs/Smt			
4 Novin Films	·	g permitted in			Donald & Chatata		
1. Nursing Education	2.	Advance Nursing	g Practice	3. Nursin	g Research & Statistics.		
4 Clinical Specialty-I							
				(Seal 8	& Signature of the Principal)		
	lı	nstructions	to Candidat	es			
Candidates will be allowed to	enter the exam	mination hall on p	roduction of Adn	nit 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.