

## ATAL BIHARI VAJPAYEE MEDICAL UNIVERSITY UTTAR PRADESH, LUCKNOW

EXAN	IINAT	<b>ION</b>	FORM

		INATION	(AB	r <b>m No:</b> VMUUP Office)				
COURSE NAME- NPCC (Co		•	-					
(Nurse Pra	ctitioners Critica	I Care Post Gra	duate Residency Pr	ogram)				
Name of College:			College Code					
Examination Center:								
Examination Roll No			(No	ot to be filled by candidate)				
ABVMUUP Enrollment No (Student ID No.)								
Sir, It is requested to kindly allow me		owing subject of th r Office Use)	ne university examinatio	n for the year 20				
01. Research Application and Ev Practice in Critical Care	vidence and Based	ALLOWED/ NS	U FRESH PF	Colored Photograph				
02. Advanced Skills in Leadersh	ip, Management and	ALLOWED/ NS	SU FRESH PF	Not less than 3.5 cm x 4.00 cm Face Not less				
Teaching Skills 03. Advanced Practice Course A	dvanced Patho-	ALLOWED/ NS	SU FRESH PF	than 2 cm No Spectacles or Glass				
Physiology & Advanced Pha to Critical Care	rmacology relevant	ALLOWED/ NSU	FRESH PF					
04. Advanced Health/Physical As	ssessment							
1. Name of Candidate [First Nam	e, Middle Name, Last Na	me](In English): ( In C	APITALS)* <b>Do not write M</b> r	/Ms				
2 Esther's Name (E'm) Name M								
2. Father's Name: [First Name, Min			ALS) " Do not write Mr/Shri					
3. Mother's Name: [First Name, M	iddle Name, Last Name](	In English): ( In CAPIT	TALS)* <b>Do not write Mrs/S</b> r	nt				

Date (DD/MM/YYYY): \_\_\_\_\_

### (Signature of the Student)

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.



### ATAL BIHARI VAJPAYEE MEDICAL UNIVERSITY UTTAR PRADESH, LUCKNOW

COURSE NAME- NPCC (Course Code: 104) 1st Yea	Ar (Batch) Form No: (ABVMUUP Office)
(Nurse Practitioners Critical Care	e Post Graduate Residency Program)
Name of College:	College Code
Student Registration No. given by college:(If Applicable)	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 ) * <b>Do not write Mr/Ms</b>
2. Father's Name: [First Name, Middle Name, Last Name](In Englis	sh): (In CAPITALS) * Do not write Mr/Shri
3. Mother's Name: [First Name, Middle Name, Last Name](In Engli	sb): (In CAPITALS) * <b>Do not write Mrs/Smt</b>
4. Gender: (Male/Female/Other) 5. Date of Birth (DD/MM	/YYYY) 6. Date of Admission to above course (DD/MM/YYY)
7. Category (UR/OBC/SC/ST) 8. Religion	9. Contact No (Mobile)
	+91
10. Email ID ( Please write very clearly in CAPITAL letters	only)
11. Permanent Address	
11. District 12. State	13. Pin Code
14. Aadhaar No 15	. Name of Selection Board Qualifying Exam (eg CET, etc)
16. Roll No of the Qualifying Examination	
Date (DD/MM/YYYY):	(Signature of the Student)

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

Name of the Principal (Seal & Signature of the Principal)

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



# ATAL BIHARI VAJPAYEE MEDICAL UNIVERSITY UTTAR PRADESH, LUCKNOW

### ADMIT CARD

Serial No: (ABVMUUP Office)

COURSE NAME- NPCC (Co	ourse Code: 104) 1 <sup>st</sup> Year (Batch)	
(Nurse Pra	ctitioners Critical Care Post Graduate Residency Progra	am)
Name of College:	College Code	
Examination Center:		
Examination Roll No		Photograph Not less than 3.5 cm x 4.00
ABVMUUP Enrollment No (Student ID No)		cm 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

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2.	2. Father's Name: [First Name, Middle Name, Last Name](In English): (In CAPITALS) * Do not write Mr/Shri																
3.	3. Mother's Name: [First Name, Middle Name, Last Name](In English): (In CAPITALS) * Do not write Mrs/Smt																

### (Is being permitted in the following Subjects)

1. Research Application and Evidence Based Practice in Critical Care 2. Advanced Skills in Leadership, Management and Teaching Skills 3. Advanced Practice Course Advanced Patho-Physiology & Advanced Pharmacology relevant to Critical Care 4. Advanced Health/Physical Assessment

(Seal & Signature of the Principal)

Signature of the Student)

### 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.