ATAL BIHARI VAJPAYEE MEDICAL UNIVERSITY U.P, Lucknow SCRUTINY FORM

Course (M.sc. Nursing/B.Sc. Nursing/Post Basic B.Sc. Nursing)

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Email- exar	minationsbscn	ursing@abv	muup.edu	ı.in										
Candidate AB	3VMU Enrollment I	No	T			$\overline{}$						T		
Candidate Roll No														
Sir, Request yo	ou for scrutiny	of my marks	obtained	in theo	ry Answer	· Book fo	or Subje	ect(s) n	nentior	ned belov	w:-			
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Officer I/C Result

Controller of Examinations

Important Note:-

(1) Prescribed fee for Scrutiny of Marks of each subject is Rs. 500/- to be deposited in a/c no 40356755448 (Attach proof of Payment).

Signatures of Scrutinizer (1)(2)(3).....(3).....

- (2) Candidate is required to deposit the filled scrutiny form within 10 days of the declaration of the result along with the copy of mark sheet at the Dean Office of the concerned college.
- (3) Dean to forward it to the University within 15 days of publication of the result.
- (4) Action of scrutiny: Marks will be totaled and if any answer of a question or part of it is inadvertently not evaluated, it will be checked. Result of scrutiny will be communicated to the college.