

ATAL BIHARI VAJPAYEE MEDICAL UNIVERSITY UTTAR PRADESH, LUCKNOW

		AL		(ABVMUUP Office)											
COURSE NAME	PBBSC	N (Course Co	de: 002	2) 2 nd Y	EAR (OF EX	AMIN	NATIO	ON I	Batc	h	••••	••••		
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)															
Example :- Do NOT Prefer Mr /Mrs Name of Candidate [First Name of Candidate First Name of Can		ne, Last Name](In E	nglish): (In CAPITA	LS) * I	Do not w	rite Mr/I	Ms		1	T				
Father's Name: [First Name, M	iddle Name, La	ast Name](In Englis	h): (In C	APITALS)	* Do no	ot write l	///Shri								
,															
	viiddle Name, L	_ast Name](In Engli	sh): (In 0	CAPITALS) * D o 1	not write	Mrs/Sm	t			ļ				
	Middle Name, I	_ast Name](In Engli	sh): (In (CAPITALS) * Do 1	not write	Mrs/Sm	t							
								t							
. Mother's Name: [First Name, N	(1	Is being permit	ted in t	the follow	ing Su)		g Edı	ucatio	on Ad	mini	stratio		
Mother's Name: [First Name, Market Name] Sociology 2. Community H Introduction to Nursing Adm	(I	Is being permit	ted in t	the follow	ing Su	ubjects)		g Edu	ucatio	on Ad	mini	stratio		
3. Mother's Name: [First Name, Name, Name] 1. Sociology 2. Community H	(I	Is being permit	ted in t	the follow	ing Su	ubjects)	Nursin					stratio		

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.



ATAL BIHARI VAJPAYEE MEDICAL UNIVERSITY UTTAR PRADESH, LUCKNOW

EXAMINATION FORM

Form No: (ABVMUUP Office)

C	OUI	RSE	NA	ME		l	PBBS	SCN	(Cou	rse (Code	: 002	2) 2 ⁿ	d YE	AR (OF E	XAN	MIN	ATI	ON	В	atch	١				
Name of College:											College Code											$\underline{\mathbb{L}}$					
E	kan	nina	tion	Се	nte	er: _																					
Examination Roll No																		(Not to be filled by candidate)									
ABVMUUP Enrollment No (Student ID No.)																											
lt i	Sir, It is requested to kindly allow me to appear in the following subject of the university examination for the year 2021-22 (For Office Use)															ar											
											(F	or C	Office	Use))						Γ						\neg
01. Sociology										ALL	OWE	D/ NS	SU	FRESH PF				Colored Photograph									
02. Community Health Nursing									L	ALLOWED/ NSU					FRESH PF					Not less than 3.5 cm x 4.00 cm Face Not less than 2 cm No Spectacles or Glass							
03. Mental Health Nursing04. Introduction to Nursing Education Administration									L	ALLOWED/ NSU					FRESH PF												
05. Introduction to Nursing Administration									ALLOWED/ NSU					FRESH PF													
1.	Name of Candidate [First Name, Middle Name, Last Name](In English): (In CAPITALS) * Do not write Mr/Ms																										
																							+				_
2.	Fa	ther'	s Na	ıme	: [Fi	rst Na	ame, N	/liddle	l Name	, Last	Name](In E	nglish): (In (CAPIT	ALS)	* Do ı	not w	rite M	r/Shri							
3.	Мс	other	's Na	ame	: [F	irst N	ame, I	Middle	Name	e, Last	: Name	e](In E	English	n): (In	CAPIT	ΓALS)	* Do	not w	rite N	Irs/Sr	nt						
							 aph. ;		ture :	and s	stude	nt re	ecord	have	e bee	n che	ecker	d bv (colle						e Stu	ıdeı	nt)

Name of the Principal (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)