



# ATAL BIHARI VAJPAYEE MEDICAL UNIVERSITY UTTAR PRADESH, LUCKNOW

## RE-SUPPLE EXAMINATION FORM

Form No:  
(ABVMUUP Office)

EXAMINATION OF .....BSCN (Code: 001) PROFESSIONAL .....1.....EXAMINATION OF 2020-2021

Name of College:

College Code

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Examination Center: \_\_\_\_\_

Examination Roll No

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(Not to be filled by candidate)

ABVMUUP Enrollment No

(Student ID No.)

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Sir,  
It is requested to kindly allow me to appear in the following subject of the university examination for the year 2020-21

(For Office Use)

01. Anatomy & Physiology

ALLOWED/ NSU	FRESH	PF
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02. Nutrition & Biochemistry

ALLOWED/ NSU	FRESH	PF
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03. Nursing Foundation

ALLOWED/ NSU	FRESH	PF
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04. Psychology

ALLOWED/ NSU	FRESH	PF
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05. Microbiology

ALLOWED/ NSU	FRESH	PF
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06. \_\_\_\_\_

ALLOWED/ NSU	FRESH	PF
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07. \_\_\_\_\_

ALLOWED/ NSU	FRESH	PF
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08. \_\_\_\_\_

ALLOWED/ NSU	FRESH	PF
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Colored Photograph  
Not less  
than 3.5 cm x 4.00 cm  
Face Not less  
than 2 cm  
No Spectacles or  
Glass

1. Name of Candidate [First Name, Middle Name, Last Name](In English): ( In CAPITALS ) \* Do not write Mr/Ms

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

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

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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.

(Seal & Signature of the Principal)

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