



ATAL BIHARI VAJPAYEE MEDICAL UNIVERSITY UTTAR PRADESH, LUCKNOW

EXAMINATION FORM

Form No:
(ABVMUUP Office)

EXAMINATION OFBSCN (Code: 001) 2nd Sem (Session 2021-22 Batch Exam) OF 20.....

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 2021-22
(For Office Use)

01. Applied Biochemistry & Applied Nutrition & Dietetics

ALLOWED/ NSU	FRESH	PF
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02. Nursing Foundations (I & II)

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

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)

* NSU- Not Signed Up

* PF – Previously Failed