

ATAL BIHARI VAJPAYEE MEDICAL UNIVERSITY UTTAR PRADESH, LUCKNOW

EXAMINATION FORM

Form No: (ABVMUUP Office)

COURSE NAME PBBSCN (Course Code	: 002) 1st YEAR OF EXAMINATION Batch 2022-2023				
Name of College:	College Code				
Examination Center:					
Examination Roll No	(Not to be filled by candidate)				
ABVMUUP Enrollment No (Student ID No.)					
Sir, It is requested to kindly allow me to appear in the following subject of the university examination for the year (For Office Use)					
01. Nursing Foundation	ALLOWED/ NSU FRESH PF				
02. Nutrition & Dietetics03. Biochemistry & Biophysics	ALLOWED/ NSU FRESH PF Colored Photograph Not less				
04. Psychology	ALLOWED/ NSU FRESH PF than 3.5 cm x 4.00 cm Face Not less than 2 cm				
05. Microbiology06. Maternal Nursing	ALLOWED/ NSU FRESH PF No Spectacles or Glass				
07. Child Health Nursing08. Medical & Surgical Nursing09. English	ALLOWED/ NSU FRESH PF				
1. Name of Candidate [First Name, Middle Name, La	st Name](In English): (In CAPITALS) * Do not write Mr/Ms				
2 Fother's Name: First Name Middle Name Lest N	ame](In English): (In CAPITALS) * Do not write Mr/Shri				
2. Taulet s Name. [First Name, Middle Name, Last N	allej(ili Eligisii). (ili CATTALS) Do not write Mi/SiiT				
3. Mother's Name: [First Name, Middle Name, Last I	Name](In English): (In CAPITALS) * Do not write Mrs/Smt				
Date (DD/MM/YYYY):	(Signature of the Student)				
Certified that the Photograph, signature and student re The student is allowed to appear in the examination as	·				

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

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



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ADMIT CARD			Serial No: (ABVMUUP Office)	
COURSE NAMPBB	SCN (Course Code: 002)) 1st YEAR OF EXAMI	NATION Batch	2022-2023
Name of Colleg			College Code	
Examination Center: Examination Roll No ABVMUUP Enrollment No (Student ID No)				Photograph Not less than 3.5 cm x 4.00 cm Face Not less than 2 cm No Spectacles or Glass
*Example :- Do NOT Prefer M	r /Mrs / Miss			Signature of the Student
1. Name of Candidate [First Nar	ne, Middle Name, Last Na	ame](In English): (In CA	PITALS) * Do not w	rite Mr/Ms
			+ + + +	+ + + + + + + + + + + + + + + + + + + +
2. Father's Name: [First Name,]	Middle Name, Last Name](In English): (In CAPITA	ALS) * Do not write	Mr/Shri
2 M (1 2 N FE' (N	M'11 N I AN	1/I E 1' 1) / I CADIT		N /G /
3. Mother's Name: [First Name,	Middle Name, Last Name	e](In English): (In CAPII	ALS) * Do not writ	e Mrs/Smt
1 Nursing Foundation 2. Nutriti Nursing 7. Child Health Nursin	ion & Dietetics 3. Bioch			robiology 6 Maternal
			(Seal & S	ignature of the Principal)
	Instru	ctions to Candidates		
1. Candidates will be allowed			it 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.