



# ATAL BIHARI VAJPAYEE MEDICAL UNIVERSITY UTTAR PRADESH, LUCKNOW

## EXAMINATION FORM

**Form No:**  
(ABVMUUP Office)

**COURSE NAME..... PBBSCN (Course Code: 002) 1<sup>st</sup> YEAR OF EXAMINATION Batch 2022-2023**

**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 .....

(For Office Use)

01. Nursing Foundation
02. Nutrition & Dietetics
03. Biochemistry & Biophysics
04. Psychology
05. Microbiology
06. Maternal Nursing
07. Child Health Nursing
08. Medical & Surgical Nursing
09. English

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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.

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

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

