



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.....**

Supple

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. 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)