





# ATAL BIHARI VAJPAYEE MEDICAL UNIVERSITY UTTAR PRADESH, LUCKNOW

## EXAMINATION FORM

Form No:  
(ABVMUUP Office)

**COURSE NAME..... PBBSCN (Course Code: 002) 2<sup>nd</sup> YEAR OF EXAMINATION Batch.....**

**Supple**

**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 2021-22

(For Office Use)

- 01. Sociology
- 02. Community Health Nursing
- 03. Mental Health Nursing
- 04. Introduction to Nursing Education Administration
- 05. Introduction to Nursing Administration

ALLOWED/ NSU	FRESH PF
ALLOWED/ NSU	FRESH PF
ALLOWED/ NSU	FRESH PF
ALLOWED/ NSU	FRESH PF

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**

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

**3. Mother's Name: [First Name, Middle Name, Last 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 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)**