

ATAL BIHARI VAJPAYEE MEDICAL UNIVERSITY UTTAR PRADESH, LUCKNOW

											AD	MI	ГС	AR	D				Serial (ABVM		ffice)			
COURSE NAME						••••	BSCN (Code: 001) 1st Semester Exam									Batc	Batch 2024-2025							
Name of College:							College Code								•									
Ex	kami	nat	ion (Cent	er: _																			
Examination Roll No																Photograph Not less than 3.5 cm x 4.00 cm Face Not less than 2								
	ABVMUUP Enrollment No (Student ID No)					U								cm No Spectacles or Glass										
				T Pref				iddle N	lame,	Last N	lame]	(In En	glish):	(In C	APIT <i>A</i>	ALS)*	Do no	ot writ	e Mr/Ms	S				
2.	Fath	ner's	Nan	ne: [F	rst Na	me, N	liddle	Name	, Last	Name]](In E	l nglish)	: (In (CAPIT	ALS)	* Do ı	not wr	ite Mr	/Shri					_
3. [Mot	her's	s Nar	ne: [F	irst Na	ame, N	Middle	Name	e, Last	Name	e](In E	English): (In	CAPIT	ALS)) * Do	not w	rite Mı	rs/Smt]
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Instructions to Candidates

- 1. Candidates will be allowed to enter the examination hall on production of Admit 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.



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EXAMINATION FORM

Form No: (ABVMUUP Office)

COURSE NAME BSCN (Code: 001) 1st Semester Exam Batch .2024-2025									
Name of College:		College Code							
Examination Center:									
Examination Roll No		(Not to	(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 2024-2025									
	(For Office Use)								
01. Applied Anatomy & Applied Physiology	ALLOWED/ NSU F	RESH PF	Colored Photograph Not less						
02. Applied Sociology & Applied Psychology	ALLOWED/ NSU	FRESH PF	than 3.5 cm x 4.00 cm Face Not less than 2 cm No Spectacles or Glass						
Name of Candidate [First Name, Middle Name, Last Name]	Name](In English): (In CAPITAI	_S)* Do not write Mr/Ms	S						
2. Father's Name: [First Name, Middle Name, Last Name		Do not write Mr/Shri							
3. Mother's Name: [First Name, Middle Name, Last Name	e](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.



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	ENROLLMENT F		Form No: (ABVMUUP Office)					
COURSE NAME	BSCN (Code: 001) 1st Ser	Batch 2024-2025						
Name of College:		College Cod						
Student Registration No. given	n by College:		Photograph Not less than 3.5 cm x 4.00 cm Face Not less than 2 cm					
ABVMUUP Enrollment No (Student ID No.)			No Spectacles or Glass					
*Example :- Do NOT Prefer Mr /Mrs / Miss								
1. Name of Candidate [First Name, M	/liddle Name, Last Name](In English): (Ir	CAPITALS) * Do not wri	te Mr/Ms					
2. Father's Name: [First Name, Middle N	Name Last Name (In English): (In CARI	TALS * Do not write Mr/	Shri					
2. I attici 3 ivaine. [i list ivaine, ividule i	Name, Last Namej(m English). (in CAT)	TALS) BO NOT WITH MITA						
3. Mother's Name: [First Name, Middle	Name, Last Name](In English): (In CAP	ITALS) * Do not write Mrs	s/Smt					
4. Gender: (Male/Female/Other) 5. 7. Category (UR/OBC/SC/ST) 8. F	Date of Birth (DD/MM/YYYY)		on to above course (DD/MM/YYY) ct No (Mobile)					
		+91						
10. Email ID (Please write very clea	erly in CADITAL letters only)							
To. Emain b (Trease write very clear								
11. Permanent Address								
11. District	12. State		13. Pin Code					
14. Aadhaar No	15. Name o	f Selection Board Qua	alifying Exam (eg CET, etc)					
16. Roll No of the Qualifying Examinatio	on							
Date (DD/MM/YYYY):			(Signature of the Student)					

Certified that the Photograph, signature and student record have been checked by college and is correct

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

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